

Department of State, Bureau of Economic Affairs

Washington, D.C.

April 15, 1962

Mr. Paul G. Hoffman, Administrator
Economic Cooperation Administration
Washington 25, D.C.

Dear Mr. Hoffman:

I understand that you have accorded an

interview to Mr. Howard Hunt, with a view to considering his possible appointment to the staff of the Economic Cooperation Administration.

It may be of aid to you in considering Mr. Hunt's qualifications to know that the character of his work with the Office of Strategic Services during the past several years has been

extremely varied and of a high quality. He has recently served in China as a member of the staff of the Office of Operations, in which capacity his duties consisted principally of establishing and maintaining the reports to Washington of the various operations and activities of the Nationalist Government and its military and air units and of the various economic and financial facilities with these services rendered by the Nationalist Government and the Government of the Republic of China.

Very truly yours,
Richard P. Heppner
Richard P. Heppner

SECRET
(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE

Name (Last-First-Middle)

HUNT E. HOWARD

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check mark:

- 1. Standard Form 3 (Notice to Federal Employee about Unemployment Compensation). *Observed*
- 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). *Observed*
- 3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employers' Group Life Insurance Act of 1954).
- 4. Standard Form 2802 (Application for Refund of Retirement Deductions). *NA*
- 5. Form 2595 (Authorization for Disposition of Paychecks). *NO CHANGE*
- 6. Applicable to returnee (resignee from overseas assignment).
I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.
 - Appointment arranged with Office of Medical Services.
 - Appointment for Office of Medical Services examination declined.

Howard Hunt
Robert R. Mullen & Co.
1729 H Street, N.W.
Washington, D.C. 20006
ME 8-2526

conflict of interests' policy of the Agency and s-regard concerning my new employment.

Leave).

ment Rights of Federal Employees Performing Armed

10. Instructions for returning to duty from Extended Leave or Active Military Service.

Signature of Employee

E. Howard Hunt

Date Signed

24 Apr

Address (Street, City, State, Zip Code)

1170 River Rd.
Baltimore, Md. 20854

Correspondence

Overt

Covert

SECRET

STANDARD FORM 64
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

MATERIAL REVIEWED AT CIA HEADQUARTERS BY _____
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: HUNT, E. HOWARD

INCLUSIVE DATES: 17 May 1948 - 21 June 1972

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY: _____

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
2/25/78	2/28/78	DAN HARDWAY	<i>Dan Hardway</i>
3/15/78	3/15/78	DAN HARDWAY	<i>Dan Hardway</i>

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

TERMINATED

APPLICATION FOR FEDERAL EMPLOY

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a position in the United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WHITTIER examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWARRANTED examination, read this application to the office named in the announcement. Be sure to send to the same office appropriate fees as required by the announcement. Notify the office with which you file this application of any change in your address.

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2. OPTION: (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) 4. DATE OF THIS APPLICATION
17 May 1948

5. NAME (First name) (Middle) (Maiden, if any) (Last)
XX (Everette) Howard Hunt (Jr.)

6. (A) STREET AND NUMBER OR R. D. NUMBER
30 Willett Street
(B) CITY OR POST OFFICE (including postal zone) AND STATE
Albany 6, New York

7. (A) LOCAL OR ZONE TELEPHONE (State) (B) OFFICE PHONE (C) HOME PHONE
New York 4-2101 3-6218

8. DATE OF BIRTH (month, day, year)
Oct. 9, 1918

9. PLACE OF BIRTH (city and State if born outside U. S., name city and county)
Hamburg, Erie County, New York

10. (A) SEX (B) HEIGHT WITHOUT SHOES (C) WEIGHT
 MALE FEMALE 5 FEET 9 INCHES 165 POUNDS

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

APPROVED SUBMITTED INTERED REGISTER
 NEW APPROV RETURNED

APPROVED:

OPTION	GRADE	EXPERIENCE RATING	PRIOR RANK	ADJ. RATING
			<input type="checkbox"/> SPONSOR'S LIST	
			<input type="checkbox"/> IN PRINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> ORphan	
			<input type="checkbox"/> BEING INVESTIGATED	

INITIALS AND DATE

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$4,500 PER YEAR
You will not be considered for any position with a lower entrance salary.
(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR:
 1 TO 3 MONTHS 3 TO 6 MONTHS 6 TO 12 MONTHS
NOTE: An acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.
(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
 OCCASIONALLY FREQUENTLY CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
 IN WASHINGTON, D. C. ANYWHERE IN THE UNITED STATES
 OUTSIDE THE UNITED STATES
(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

16. EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the employing office to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back in chronological order to the position of employment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be given in the space below in its proper sequence.
(A) If you were ever employed in any position under a name different from that shown in this application, give name and address. Description of your work for each position should be given.
(B) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

① PRESENT POSITION

DATE OF EMPLOYMENT (month, year) FROM 1947 TO PRESENT TIME

TITLE OF YOUR PRESENT POSITION: Self employed

CLASSIFICATION GRADE (if in Federal Service)

SALARY OR EARNINGS: STARTING \$ PRESENT \$5000 PER YEAR

PLACE OF EMPLOYMENT (city and State): Albany, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale store, insurance agency, manufacture of books, etc.): writing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING TO OBTAIN EMPLOYMENT: Interest in ECA

DESCRIPTION OF YOUR WORK: authoring novels and magazine stories.

12 CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM <u>Jan. 1943</u> TO <u>Oct. 1943</u>	EXACT TITLE OF YOUR POSITION <u>War Correspondent</u>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$ <u>600</u> PER <u>Month</u>
PLACE OF EMPLOYMENT (city and State) <u>New York, N.Y.</u>	NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>Dan Rossnell - Editor</u>	NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) <u>"LIFE"</u>	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING <u>Enlisting in AAF</u>	

DESCRIPTION OF YOUR WORK
Travel with Naval combat groups in S. Pacific. Report results of actions.

③ DATES OF EMPLOYMENT (month, year) FROM <u>Oct. 1942</u> TO <u>Jan. 1943</u>	EXACT TITLE OF YOUR POSITION <u>Script Writer</u>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$ <u>600</u> PER <u>Month</u>
PLACE OF EMPLOYMENT (city and State) <u>New York, N.Y.</u>	NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>Louis de Rochemont - Editor</u>	NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) <u>The March of Time (Cinema)</u>	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING <u>go overseas w/ life</u>	

DESCRIPTION OF YOUR WORK
Developing screen narrative of a particular subject - writing narration to footage. Writing & producing Naval Training Films

④ DATES OF EMPLOYMENT (month, year) FROM _____ TO _____	EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$
PLACE OF EMPLOYMENT (city and State)	NAME AND TITLE OF IMMEDIATE SUPERVISOR	NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING	

DESCRIPTION OF YOUR WORK

5 DATES OF EMPLOYMENT (month, year) FROM TO CLASSIFICATION (if any) SALARY OR EARNINGS (STARTING) PER PER (FINAL)

PLACE OF EMPLOYMENT (city and State) NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale store, insurance agency, manufacture of books, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU PLANS FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING: In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist in placing you most effectively. Indicate actual amount of training received, such as hours per week. Enclosed information regarding any special service awards you received is especially important. (Illustrate awarding officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Enclosed information regarding any special service awards you received is especially important. (Illustrate awarding officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Enclosed information regarding any special service awards you received is especially important.)

DATE	LOCATION	DESCRIPTION OF TRAINING
2/41 - 5/41	U.S. Naval Academy	USNR Midshipman's Course
1/44 - 6/44	Miami Beach, Fla	AAF/OCS
6/44 - 8/44	Oriando, Fla	AAF Combat Intelligence School
1/45 - 3/45	Catalina Island	Office of Strategic Services Clandestine School

18. EDUCATION (Circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED
Hamburg High School, N.Y.

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF
 ELEMENTARY SCHOOL JUNIOR HIGH SCHOOL SENIOR HIGH SCHOOL

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED

DATES ATTENDED	YEARS COMPLETED	COURSES COMPLETED	SEMESTER (MAY BE CHECKED)
1936 - 1940	4	AB	June 1940

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY
Brown University, Providence, R.I. English

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS
English Literature, Economics, Sociology

(E) LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS

(F) OTHER TRAINING SUCH AS VOCATIONAL BUSINESS STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR IN-SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT

SUBJECTS STUDIED DATES ATTENDED YEARS COMPLETED

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

LANGUAGE	READING		SPEAKING		UNDERSTAND	
	YES	NO	YES	NO	YES	NO
Spanish	X		X		X	

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAME OF COUNTRY (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON FOR TRIP (e. g., military service, business, education, recreation)
See list attached

21. LIST ANY SPECIAL SKILLS YOUR BUSINESS AND MACHINES AND EQUIPMENT YOU CAN USE. SET TYPE, ELECTROTYPING, SHORTHAND, CALCULATING, TELETYPE, KEY-PUNCH, TURKEY LATHE, SCIENTIFIC OR PROFESSIONAL LEVELS

22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)
 YES NO GIVE KIND OF LICENSE AND STATE.
 FIRST LICENSE OR CERTIFICATE (YEAR)
 LATEST LICENSE OR CERTIFICATE (YEAR)

23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (1) YOUR MOST IMPORTANT PUBLICATIONS (do not submit copies unless requested) (2) YOUR PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL, TRADE, SCIENTIFIC SOCIETIES ETC. (5) AWARDS AND FELLOWSHIPS RECEIVED

Covered in detail: "Who's Who in the East" Vol II

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING SHORTHAND

26. FILL IN NAMES of three persons living in the your health, status, and home, for the printer of States or Possessions of the United States who are "E" you are applying. Do not repeat names. (4 spaces) stated to you and who have definite knowledge of under item 16 (EXPERIENCE)

FULL NAME	(Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Maj. Gen. Wm. J. Donovan	2 Wall Street, New York 5, N.Y.	Attorney
John C. Farrar	53 East 34th Street, New York 16	Publisher
Raymond Rubicam	444 Madison Avenue, New York 16	Executive

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. HAS EMPLOYER MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS, ETC.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes," give details in Item 39.</i>	<input type="checkbox"/>	<input type="checkbox"/>
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. DOES THE UNITED STATES GOVERNMENT EMPLOY YOU IN A CIVILIAN CAPACITY AND RELATE TO YOURS BY BEING A MEMBER WITH WHOM YOU LIVE OR RELATE TO THE PAST 36 MONTHS? <i>If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment.</i>	<input type="checkbox"/>	<input type="checkbox"/>
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR AN ORGANIZATION THEREOF?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE A. If you are claiming preference as a PRACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, USC Form 14, together with proof specified therein. B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and, if approved, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.		
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	37. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (b) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (c) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OR PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ASSUMED A POLICY OF ADVOCATING OR APPROPRIATING THE PROPERTY OF ANY STATE OR FEDERAL OR FOREIGN GOVERNMENT OR OF ANY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY LEGONSTITUTIONAL MEANS? <i>If your answer to question 27, 28, or 29 above is "Yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		(d) DATE OF ENTRY ON ACTIVE SERVICE July 1940 - Sept. 1943 (e) DATE OF SEPARATION March 1946	
30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, FINED OR CONVICED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, RULE, REGULATION OR ORDINANCE INCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTNIGHT OF 30 OR LESS WAS IMPOSED? <i>If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appropriate, state whether appeal will be taken.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		(f) STATE OF SERVICE Army, Navy, Marine Corps, Coast Guard, etc.	
31. HAVE YOU EVER BEEN CONVICTED OR FOUND GUILTY OF A CRIMINAL OFFENSE OR CONVICED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, RULE, REGULATION OR ORDINANCE INCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTNIGHT OF 30 OR LESS WAS IMPOSED? <i>If your answer is "Yes," give in Item 39 the name and address of convicting court, and reason in each case.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(g) GRADE OR RATE OF PAY O-587241/97532		
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? <i>If your answer is "Yes," give dates of and reasons for such department in Item 39.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	38. ARE YOU A DISABLED VETERAN? If so, and you have not listed your disability in answer to Item 37, explain in Item 39 below. 39. ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 40. ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY AND WHO RECEIVES HIS PAY FROM CIVIL SERVICE APPOINTMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
33. HAVE YOU ANY PHYSICAL HANDICAP DISEASE OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? <i>If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA OR ANY STATE OR TERRITORY UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMMISSION OR FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes," give complete details in Item 39.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	THIS SPACE FOR USE OF APPOINTING OFFICER ONLY The information contained in the answers to Questions 17 above has been verified by comparison with the discharge certificate on 6-1-1948.		

27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR AN ORGANIZATION THEREOF? No

28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION? No

29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OR PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ASSUMED A POLICY OF ADVOCATING OR APPROPRIATING THE PROPERTY OF ANY STATE OR FEDERAL OR FOREIGN GOVERNMENT OR OF ANY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY LEGONSTITUTIONAL MEANS? No

30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, FINED OR CONVICED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, RULE, REGULATION OR ORDINANCE INCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTNIGHT OF 30 OR LESS WAS IMPOSED? No

31. HAVE YOU EVER BEEN CONVICTED OR FOUND GUILTY OF A CRIMINAL OFFENSE OR CONVICED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, RULE, REGULATION OR ORDINANCE INCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTNIGHT OF 30 OR LESS WAS IMPOSED? No

32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? No

33. HAVE YOU ANY PHYSICAL HANDICAP DISEASE OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? No

34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA OR ANY STATE OR TERRITORY UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMMISSION OR FOR MILITARY OR NAVAL SERVICE? No

28. SPACE FOR UNANSWERED QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO.	ITEM NO.

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT *Howard Hart*

Print your name in INK (use given name, first, middle, and last name) if initial or initials, and surname. If from our own given name as "Mrs. Mary L. (Doe)"

GENERAL INFORMATION		PERSONNEL		EQUIPMENT	
1. NAME	2. GRADE	3. POSITION	4. STATUS	5. TYPE	6. QUANTITY
7. MAKE	8. MODEL	9. YEAR	10. SERIAL NO.	11. LOCATION	12. COMMENTS
13. DATE ACQ.	14. COST	15. EST. LIFE	16. CURRENT USE	17. MAINT. RECORD	18. DISPOSAL
19. REVISIONS	20. APPROVALS	21. SIGNATURE	22. DATE	23. INITIALS	24. DATE

This document is a detailed record of equipment and personnel. It includes sections for general information, personnel details, equipment specifications, and maintenance records. The document is organized into a structured format with multiple columns and rows, allowing for comprehensive data entry and tracking.

The top section, titled "GENERAL INFORMATION", covers basic details such as name, grade, position, and status. The "PERSONNEL" section tracks individual assignments and signatures. The "EQUIPMENT" section provides a thorough record of assets, including make, model, year, serial number, location, and cost. The bottom section is dedicated to "REVISIONS" and "APPROVALS", ensuring accountability and tracking of changes over time.

Table with 2 columns and 2 rows. The content is mostly illegible due to heavy noise and poor scan quality.

Table with 2 columns and 2 rows. The content is mostly illegible due to heavy noise and poor scan quality.

Table with 2 columns and 4 rows. The content is mostly illegible due to heavy noise and poor scan quality.

[Illegible text block 1]

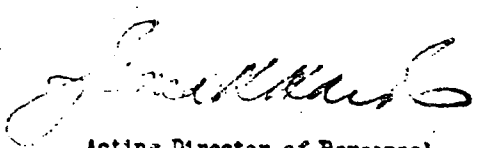
[Illegible text block 2]

[Illegible text block 3]

The image shows a document page that is almost entirely illegible due to extreme high-contrast processing. The content is organized into a grid, likely representing a table or a form with multiple columns and rows. The text within the cells is rendered as dark, noisy patterns, completely obscuring any original characters or symbols. The layout consists of several columns and rows, with a prominent horizontal line separating the upper and lower sections of the page. The overall appearance is that of a corrupted or heavily processed scan of a printed document.

ECONOMIC COOPERATION ADMINISTRATION

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR. - MRS. - FIRST - MIDDLE INITIAL - LAST) Mr. E. Howard Hunt, Jr.		2. DATE OF BIRTH 10-9-18	3. JOURNAL OR ACTION NO. 4. DATE 64 5-17-48
This is to notify you of the following action affecting your employment:			
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Temporary Appointment, C.S. Reg. 2.114(n)		6. EFFECTIVE DATE 5-17-48	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
FROM		TO	
8. POSITION TITLE Information and Editorial Spec.		9. SERVICE, GRADE SALARY JAF-13, \$6905.20 per annum GSC No. 103 - Series 1330	
10. ORGANIZATIONAL DESIGNATIONS Press Information Division		11. HEADQUARTERS Washington, D. C.	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
12. FIELD OR DEPT'L			
13. REMARKS Subject to loyalty and security check. Subject to satisfactory medical examination. Affidavit "Striking Against the Federal Government" signed. Not eligible for within grade salary advancements. Entrance efficiency rating: Good			
15. VETERAN'S PREFERENCE		16. POSITION CLASSIFICATION ACTION	
NONE	3 PT. <input checked="" type="checkbox"/>	12 POINT	13 POINT
	ORSAW	WIFE	WIDOW
		<input checked="" type="checkbox"/>	
		NEW	VICE
		L.A.	REAL
			<input checked="" type="checkbox"/>
		GSC No. 103, 5/14/48	
17. SEX <input checked="" type="checkbox"/> M	18. RACE <input checked="" type="checkbox"/> W	19. APPROPRIATION FROM: 118/95400(01) 100 01 TO:	20. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) No
		21. DATE OF BIRTH (ACCESSIONS ONLY) 5-17-48	22. LEGAL RESIDENCE New York
		14. SIGNATURE OR OTHER AUTHENTICATION  Acting Director of Personnel	

ECONOMIC COOPERATION ADMINISTRATION

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST) Mr. E. Howard Hunt, Jr.		2. DATE OF BIRTH 10-9-18	3. JOURNAL OR ACTION NO. 64	4. DATE 5-17-48
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Temporary Appointment, C.S. Reg. 2.114(a)		6. EFFECTIVE DATE 5-17-48	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM		TO		
		8. POSITION TITLE Information and Editorial Spec.		
		9. SERVICE GRADE, SALARY OAF-12, \$5905.20 per annum CSC No. 103 - Series 1230		
		10. ORGANIZATIONAL DESIGNATIONS Press Information Division		
		11. HEADQUARTERS Washington, D. C.		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. REMARKS Subject to loyalty and security check. Subject to satisfactory medical examination. Affidavit "Striking Against the Federal Government" signed. Not eligible for within grade salary advancements. Entrance efficiency rating: Good				
15. VETERAN'S PREFERENCE		14. SIGNATURE OR OTHER AUTHENTICATION		
NONE	5 P.T.	10 POINT		16. POSITION CLASSIFICATION ACTION NEW VICE I.A. REAL CSC No. 103, 5/14/48
	<input checked="" type="checkbox"/>	DISAB.	WIFE WIDOW	
		<input checked="" type="checkbox"/>		
		WWII	WWI	
		<input type="checkbox"/>	<input type="checkbox"/>	
		OTHER		
		<input type="checkbox"/>	<input type="checkbox"/>	
17. SEX M	18. RACE W	19. APPROPRIATION FROM: 118/95400(01) 100 01 TO:		20. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) No
				21. DATE OF OATH (ACCESSIONS ONLY) 5-17-48
				22. LEGAL RESIDENCE New York

J. ...
Acting Director of Personnel

AFFIDAVIT

STRIKING AGAINST THE FEDERAL GOVERNMENT

Economic Cooperation Administration
(Dept. or Estab)

(Bureau or Office)

Washington, D. C.
(Place of Employment)

I. I, E. Howard Hunt, Jr., do hereby swear (or affirm) that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

II. I am loyal to the United States, its Constitution and form of Government, and I am not now a member of any organization advocating, to the best of my belief, contrary views, nor have I ever been a member of any organization advocating, to the best of my belief, contrary views during the period of my membership.

E. Howard Hunt, Jr.
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 17th day of May, 1948 at Washington, D. C., State of _____

Mary D. Nakamura (Name) Appointment Clerk (Title)

Economic Cooperation Administration, Washington, D. C.
Act of June 26, 1943, Sec. 206

OATH OF OFFICE, AFFIDAVIT, AND DECLARATION OF APPOINTEE

Economic Cooperation Administration Washington, D. C.

(Department or Establishment)

(Bureau or Division)

(Place of Employment)

A.
OATH OF OFFICE

I, E. Howard Hunt, Jr.
Do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. **SO HELP ME GOD.**

B.
AFFIDAVIT

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

C.
DECLARATION OF APPOINTEE

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee, and ~~strike out either (3) or (4)~~

~~(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;~~

(4) the answers contained in my Application for Federal Employment, Form No. 57, dated 12 May, 1948, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

E. Howard Hunt, Jr.
(Signature of Appointee)

Subscribed and sworn before me this 17th day of May, 1948 A. D., 19

at Washington, D. C.

[SEAL]

M. D. Bahamona
(Signature of Officer)

Appointment Clerk, Economic Cooperation Admin
Act of June 26, 1943, Section 206

NOTE - If the oath is taken before a Notary Public the date of expiration of his commission should be shown

DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for revocation of appointment or dismissal after appointment. Falsely providing information is a criminal offense and will be prosecuted accordingly.

1. Present Address 30 Wall Street Albany, N.Y.
(Street and Number) (City and State)

2. Who should be notified in case of emergency? Mrs. F. M. Hunt
(Name) (Relationship)

30 Wall Street 55 Albany, N.Y. Telephone 3-6218
(Street and Number) (City and State)

3. Does the U.S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No. If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 6.

Name	Post-office address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or class in which employed	Relationship	Married or single	Age
		1. _____			
		2. _____			
		3. _____			
		1. _____			
		2. _____			
		3. _____			
		1. _____			
		2. _____			
		3. _____			

4. Place of birth _____
(Town) (State or Country)

Indicate "Yes" or "No" answer by placing X in proper column	Yes	No	12. Space for detailed answers to other questions.
5. Are you a citizen of the United States?			ITEM NO. Write in left column numbers of items to which detailed answers apply
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission? (2) the country in connection with this appointment?			
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship or of the person through whom you gained your citizenship?			
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality? (b) See also the places you own, and occupy under Item 12.			
(c) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position?			
9. Do you receive any pension or other benefit for military or naval service or an annuity from the U. S. or D. C. Government? If so, give details under Item 12, stating whether you were retired for age, length of service or disability, amount of retirement pay and under what retirement act, and rank, if retired from military or naval service.			
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service or forced to resign from any position? If so, give under Item 12 where employed, name and address of employer and the reason for discharge in each case.			
11. Since you filed application resulting in this appointment, have you been arrested, or summoned into any civil or military court as a defendant or indicted for or convicted of any offense (felony or misdemeanor)? If so, give under Item 12 (1) the date, (2) the name and number of the court, (3) the nature of the offense or offenses, and (4) the penalty, if any, imposed, or other disposition.			

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to the best of his knowledge and belief the information furnished is true and correct. He shall also determine whether the applicant is qualified for the position to which he is appointed. The War Service Paper should be submitted for review by the appointing officer. The War Service Paper should be submitted for review by the appointing officer. The War Service Paper should be submitted for review by the appointing officer.

The form should be completed by the appointing officer before the appointment. It should be filled out by the appointing officer before the appointment. It should be filled out by the appointing officer before the appointment.

(1) Identity of appointee with the applicant whose appointment was a condition of the contract. The appointing officer should verify the identity of the appointee with the applicant whose appointment was a condition of the contract. The appointing officer should verify the identity of the appointee with the applicant whose appointment was a condition of the contract.

(2) Age. The appointing officer should verify the age of the appointee at the time of appointment. The appointing officer should verify the age of the appointee at the time of appointment. The appointing officer should verify the age of the appointee at the time of appointment.

(3) Citizenship. The appointing officer should verify the citizenship of the appointee. The appointing officer should verify the citizenship of the appointee. The appointing officer should verify the citizenship of the appointee.

The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship of the appointee by the list of signatures of the appointing officer. The appointing officer should verify citizenship of the appointee by the list of signatures of the appointing officer. The appointing officer should verify citizenship of the appointee by the list of signatures of the appointing officer.

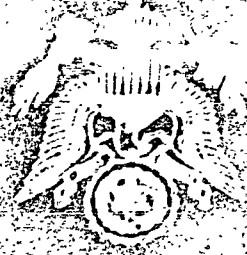
The appointing officer should verify the citizenship of the appointee by the list of signatures of the appointing officer. The appointing officer should verify the citizenship of the appointee by the list of signatures of the appointing officer. The appointing officer should verify the citizenship of the appointee by the list of signatures of the appointing officer.

(4) Members of Family. Section 9 of the Civil Service Act provides that where one or more members of the family of an appointee are employed in the same office, the appointing officer should verify the relationship of the appointee to the members of his family. The appointing officer should verify the relationship of the appointee to the members of his family. The appointing officer should verify the relationship of the appointee to the members of his family.

The appointing officer should verify the relationship of the appointee to the members of his family. The appointing officer should verify the relationship of the appointee to the members of his family. The appointing officer should verify the relationship of the appointee to the members of his family.

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[Faint, illegible text, possibly a main body of text]



[Small, faint mark or text in the bottom left corner]

[Illegible text]		[Illegible text]	[Illegible text]
[Illegible text]	[Illegible text]	[Illegible text]	[Illegible text]
[Illegible text]	[Illegible text]	[Illegible text]	[Illegible text]

[Illegible text]

[Illegible text]	[Illegible text]	[Illegible text]	[Illegible text]
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[Illegible text]

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[Illegible text]	[Illegible text]	[Illegible text]	[Illegible text]
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[Illegible text]

[Illegible text]

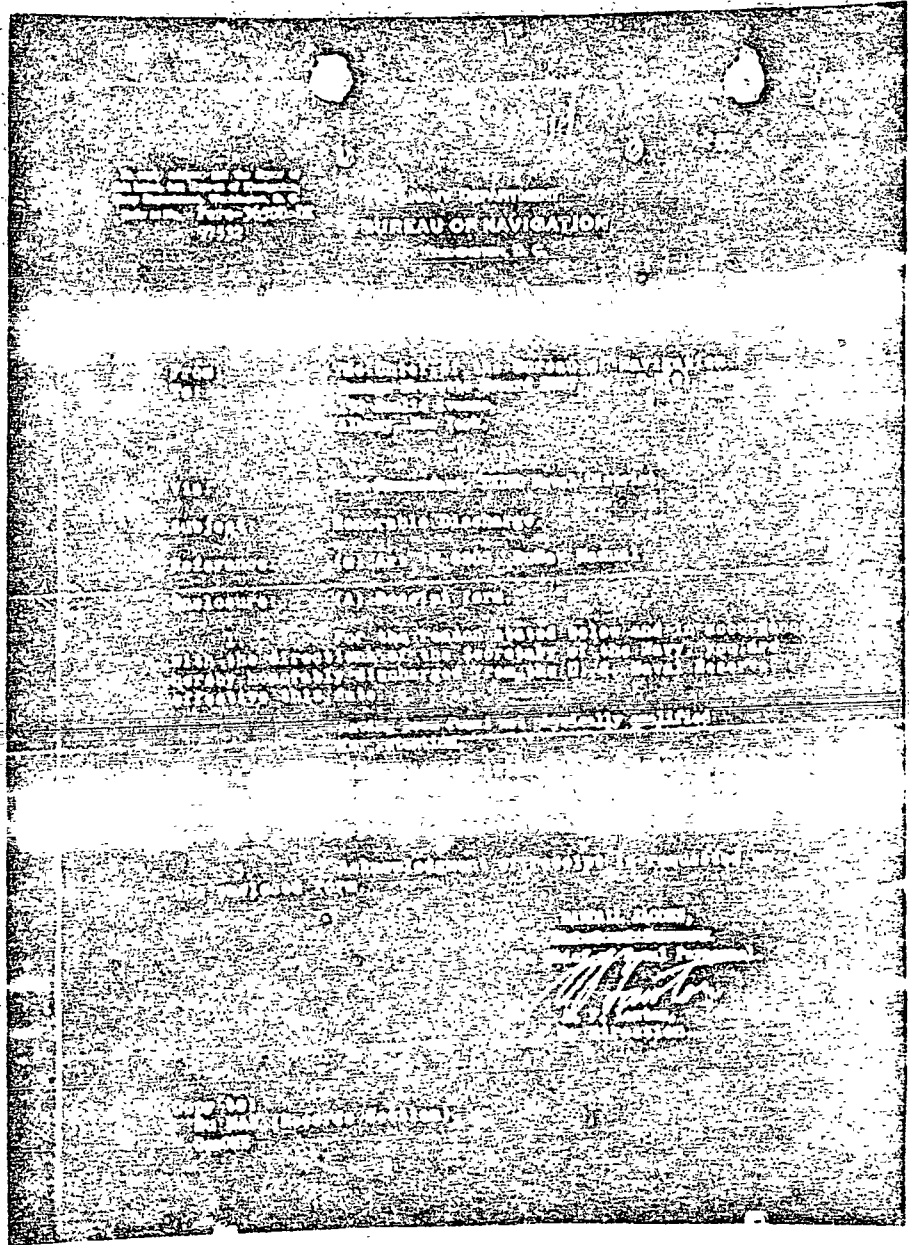
[Illegible text]	[Illegible text]	[Illegible text]	[Illegible text]
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[Illegible text]

[Illegible text]

[Illegible text]	[Illegible text]	[Illegible text]	[Illegible text]
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[Illegible text]



Army of the United States



Honorable Discharge

John J. [illegible]

[illegible]

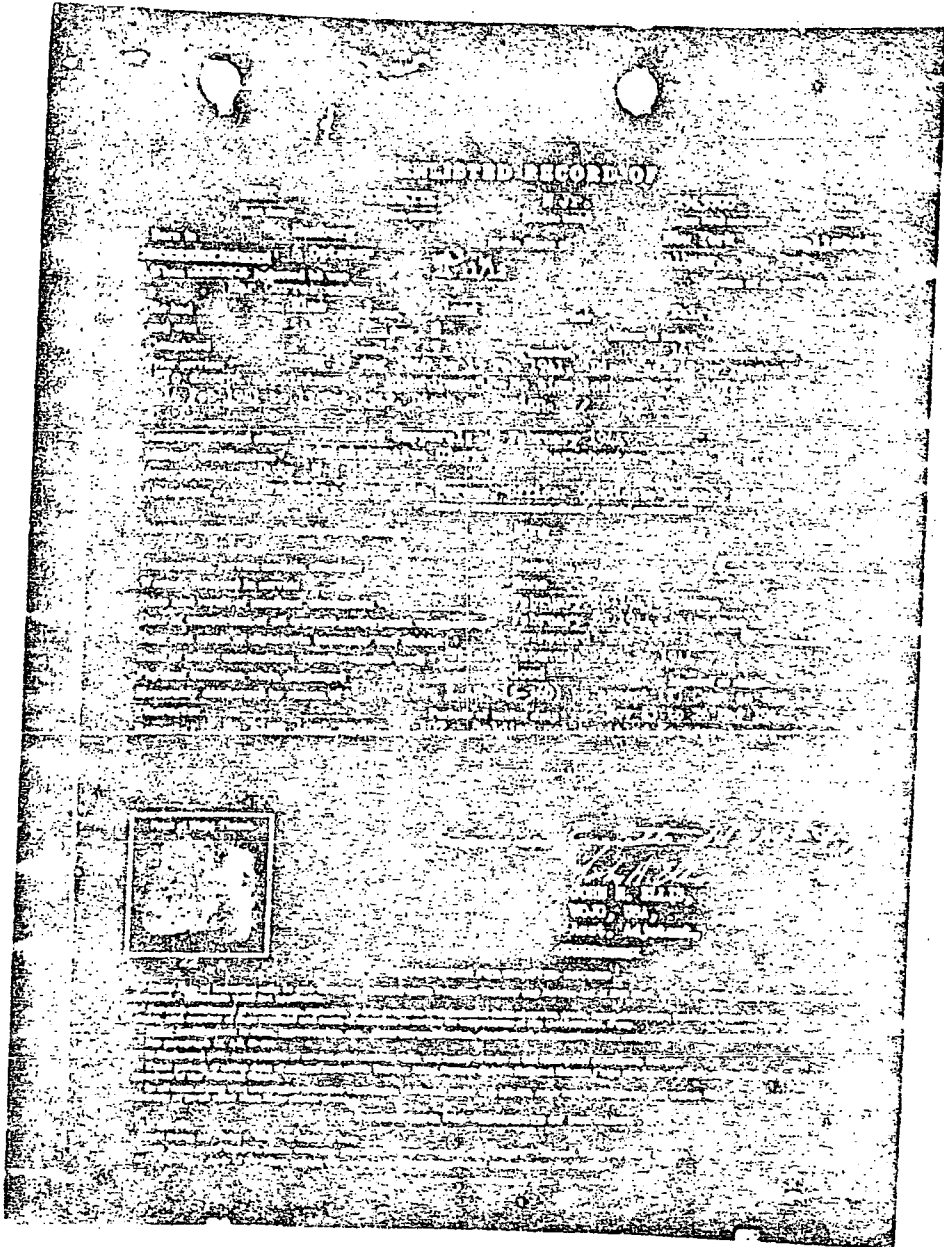
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[illegible]

[illegible]

[illegible]



APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or write in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all instructions. If you are applying for a WRITING examination, follow the

instructions on the advertisement regarding description of this application. If you are applying for an UNWRITTEN examination, read this application to the office named in the advertisement. Be sure to send to the same office any other forms required by the advertisement. Notify the office with which you file this application of any change in your address.

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OPTION: (If mentioned in examination announcement)

3 PLACE OF EMPLOYMENT APPLIED FOR (City and State) 4 DATE OF THIS APPLICATION
17 May 1948

5 MR (First name) (Middle) (Last)
MR (Everette) Howard Hunt (Jr.)

6 (A) STREET AND NUMBER OR R. D. NUMBER
30 Willett Street
(B) CITY OR POST OFFICE (including postal zone) AND STATE
Albany 6, New York

7 (A) LEVEL OR RATING RESUME (State) 7 (A) OFFICE PHONE (B) HOME PHONE
New York 4-2101 3-6218

8 DATE OF BIRTH (month, day, year)
Oct. 9, 1918

9 (A) PLACE OF BIRTH (city and State, if born outside U. S., name city and country)
Hamburg, Erie County, New York

10 (A) MALE (B) HEIGHT WITHOUT SHOES 5 FEET 9 INCHES (C) WEIGHT 165 POUNDS

11 (A) SINGLE (B) MARRIED (C) DIVORCED (D) WIFE OR WIDOW (E) DECEASED (F) REING INVESTIGATED

12 (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

APPROVED DISMISSED INTERLU REVIEW

NOT APPROVED RETURNED

APPROVED BY: _____

OPTION	GRADE	EARNED RATING	PREFER ENCL	ALIGN RATING
			<input type="checkbox"/> 5 POINTS (CENT)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> DECEASED	
			<input type="checkbox"/> REING INVESTIGATED	

INITIALS AND DATE

13 (A) WHAT IS THE SMALLEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 4,500 PER YEAR.
You will not be considered for any position with a lower entrance salary.

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:
 1 TO 3 MONTHS 3 TO 6 MONTHS 6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
 OCCASIONALLY FREQUENTLY CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
 IN WASHINGTON D. C. ANYWHERE IN THE UNITED STATES
 OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:

14 EXPERIENCE: It is important for you to furnish all information requested before in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks for which you are applying for the same category; use if your duties changed materially while working for the same employer; use a separate block to describe each position. You may include any pertinent

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the space below in its proper sequence.

(A) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(B) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION

DATED OF EMPLOYMENT (month, year) FROM 1947 TO PRESENT TIME

PLACE OF EMPLOYMENT (city and State) Albany, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR Self-employed

CLASSIFICATION GRADE (if in Federal Service) SECRETARY OR EARNINGS STARTING \$ 5000 PER YEAR

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of goods, etc.) Printing

REASON FOR LEAVING PRESENT EMPLOYMENT Interest in ECA

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

DESCRIPTION OF YOUR WORK Authoring novels and magazine stories.

5 DATES OF EMPLOYMENT (month, year) TO EXACT TITLE & YOUR POSITION CLASS (if in two periods) SALARY OR EARNING (STARTING) PER ANNUAL PER

PLACE IN EMPLOYMENT (city and State) NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale store, insurance agency, manufacturer of goods, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU PLAN FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and exact position title. Attach to inside of this application.

17. MILITARY TRAINING: In the space below, describe any training received in of training received, such as hours per week. Detailed information regarding the Armed Services (not already spent under item 14) that would assist ing any special service schools you attended is especially important. (Extra separating officers in planning your report effectively. Indicate actual amount pages may be used to give full descriptions.)

FROM	TO	LOCATION	DESCRIPTION OF TRAINING
2/41	5/41	U.S. Naval Academy	USNR Midshipman's Course
1/44	6/44	Miami Beach	AAF/OCS
6/44	8/44	Oriando, Fla	AAF Combat Intelligence School
1/45	3/45	Catalina Island	Office of Strategic Services Clandestine School

18. EDUCATION (Circle highest grade completed)

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF

PRIMARY SCHOOL JUNIOR HIGH SCHOOL SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED

Hamburg High School, N.Y.

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED

DATE ATTENDED		YEARS COMPLETED		DEGREES CONFERRED		SEMESTER HOURS CREDIT
FROM	TO	DAY	NIGHT	TITLE	DATE	
1936	1940	4		AB	June 1940	

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY MAJOR AND SPECIALTY

Brown University, Providence, R.I. English

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS

English Literature
Economics
Sociology

(E) LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS

(F) OTHER TRAINING (Such as Vocational, Business, Study Courses Given THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT)

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

LANGUAGE	READING		SPEAKING		UNDERSTANDING	
	EX	SM	EX	SM	EX	SM
Spanish		X		X		X

20. IF YOU HAVE PARTICIPATED OR BEEN USED IN ANY OF THE FOLLOWING CAPACITY:

(1) TRADE UNION, (2) LABOR ORGANIZATION, (3) LABOR UNION, AND (4) LABOR ORGANIZATION (e.g., military service, business, education, etc.)

See list attached

21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE TO MANUFACTURE OR REPAIR (e.g., typewriter, etc.) WITH COMPLETION DATE, KEY PERSON, FURTHER TRAINING, OR PROFESSIONAL COUNCIL

22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)

YES NO GIVE KIND OF LICENSE AND STATE.

FIRST LICENSE OR CERTIFICATE (YEAR)

LATEST LICENSE OR CERTIFICATE (YEAR)

23. GIVE ANY SPECIAL QUALIFICATION NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

(1) TRADE UNION MEMBERSHIP (e.g., I. O. O. F., etc.) (do not outline copies unless requested)

(2) SPECIAL TRAINING AND SPECIAL RELATIONS EXPERIENCE

(3) MEMBERSHIP IN TRADE UNIONS OR PROFESSIONAL SOCIETIES, ETC.

(4) AWARDS AND FELLOWSHIPS RECEIVED

Covered in detail: "Who's Who in the East" Vol II

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPE SHORTHAND

18 CONTINUED		CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER MONTH
② DATES OF EMPLOYMENT (month, year) FROM <u>Jan. 1943</u> TO <u>Oct. 1943</u>		EXACT TITLE OF YOUR POSITION <u>War Correspondent</u>	STARTING \$ <u>600</u>	PER MONTH
PLACE OF EMPLOYMENT (city and State) <u>New York, N.Y.</u>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>Don Longwell - Editor</u>	KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale oil, insurance agency, manufacture of goods, etc.) <u>Publishing</u>	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) <u>"LIFE"</u>		REASON FOR LEAVING <u>Enlisting in AAF</u>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU				
DESCRIPTION OF YOUR WORK <u>Travel with Naval combat group in S. Pacific. Report results of action.</u>				
③ DATES OF EMPLOYMENT (month, year) FROM <u>Oct. 1942</u> TO <u>Jan. 1943</u>		EXACT TITLE OF YOUR POSITION <u>Sight Writer</u>	SALARY OR EARNINGS STARTING \$ FINAL \$	PER MONTH
PLACE OF EMPLOYMENT (city and State) <u>New York, N.Y.</u>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>Louis de Rochemont - Editor</u>	KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale oil, insurance agency, manufacture of goods, etc.) <u>Newsreel producers</u>	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) <u>The Marching Time (Cinema)</u>		REASON FOR LEAVING <u>go overseas w/ life</u>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU				
DESCRIPTION OF YOUR WORK <u>Developing screen narrative of a particular subject - writing narration to footage. Writing & producing World Training Films</u>				
④ DATES OF EMPLOYMENT (month, year) FROM TO		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale oil, insurance agency, manufacture of goods, etc.)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING		
DESCRIPTION OF YOUR WORK				

24 REFERENCE: List three persons living in the same or immediate vicinity of the United States who are to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed in Item 10 (EXPERIENCE).

25 FULL NAME: **Maj. Gen. Wm. J. Donovan**
John C. Farrar
Raymond Rubican

26 PRESENT BUSINESS OR OCCUPATION (Give complete current address, including street and number):
2 Wall Street, New York 5, N.Y. Attorney
53 East 34th Street, New York 18 Publisher
444 Madison Avenue, New York 18 Executive

27 INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

27. HAVE YOU EVER BEEN EMPLOYED BY ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?	YES	NO
28. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	YES	NO
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U.S.A. OR ANY COMMUNIST ORGANIZATION?	NO	NO
30. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	NO	NO

31. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR CLUB OR INTERNATIONAL ORGANIZATION, ORDER, OR ORGANIZATION, OR SOCIETY, GROUP, OR ORGANIZATION OF PERSONS WHO HAVE ADOPTED A PLAN OF ADVERTISING OR PROPAGANDA OR THE COMMUNING OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WORKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION, STATE, OR LOCAL MEANS?

32. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR CLUB OR INTERNATIONAL ORGANIZATION, ORDER, OR ORGANIZATION, OR SOCIETY, GROUP, OR ORGANIZATION OF PERSONS WHO HAVE ADOPTED A PLAN OF ADVERTISING OR PROPAGANDA OR THE COMMUNING OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WORKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION, STATE, OR LOCAL MEANS?

33. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR CLUB OR INTERNATIONAL ORGANIZATION, ORDER, OR ORGANIZATION, OR SOCIETY, GROUP, OR ORGANIZATION OF PERSONS WHO HAVE ADOPTED A PLAN OF ADVERTISING OR PROPAGANDA OR THE COMMUNING OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WORKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION, STATE, OR LOCAL MEANS?

34. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR CLUB OR INTERNATIONAL ORGANIZATION, ORDER, OR ORGANIZATION, OR SOCIETY, GROUP, OR ORGANIZATION OF PERSONS WHO HAVE ADOPTED A PLAN OF ADVERTISING OR PROPAGANDA OR THE COMMUNING OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WORKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION, STATE, OR LOCAL MEANS?

35. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR CLUB OR INTERNATIONAL ORGANIZATION, ORDER, OR ORGANIZATION, OR SOCIETY, GROUP, OR ORGANIZATION OF PERSONS WHO HAVE ADOPTED A PLAN OF ADVERTISING OR PROPAGANDA OR THE COMMUNING OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WORKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION, STATE, OR LOCAL MEANS?

36. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR CLUB OR INTERNATIONAL ORGANIZATION, ORDER, OR ORGANIZATION, OR SOCIETY, GROUP, OR ORGANIZATION OF PERSONS WHO HAVE ADOPTED A PLAN OF ADVERTISING OR PROPAGANDA OR THE COMMUNING OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WORKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION, STATE, OR LOCAL MEANS?

37. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR CLUB OR INTERNATIONAL ORGANIZATION, ORDER, OR ORGANIZATION, OR SOCIETY, GROUP, OR ORGANIZATION OF PERSONS WHO HAVE ADOPTED A PLAN OF ADVERTISING OR PROPAGANDA OR THE COMMUNING OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WORKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION, STATE, OR LOCAL MEANS?

38. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR CLUB OR INTERNATIONAL ORGANIZATION, ORDER, OR ORGANIZATION, OR SOCIETY, GROUP, OR ORGANIZATION OF PERSONS WHO HAVE ADOPTED A PLAN OF ADVERTISING OR PROPAGANDA OR THE COMMUNING OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WORKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION, STATE, OR LOCAL MEANS?

39. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR CLUB OR INTERNATIONAL ORGANIZATION, ORDER, OR ORGANIZATION, OR SOCIETY, GROUP, OR ORGANIZATION OF PERSONS WHO HAVE ADOPTED A PLAN OF ADVERTISING OR PROPAGANDA OR THE COMMUNING OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WORKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION, STATE, OR LOCAL MEANS?

40. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR CLUB OR INTERNATIONAL ORGANIZATION, ORDER, OR ORGANIZATION, OR SOCIETY, GROUP, OR ORGANIZATION OF PERSONS WHO HAVE ADOPTED A PLAN OF ADVERTISING OR PROPAGANDA OR THE COMMUNING OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WORKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION, STATE, OR LOCAL MEANS?

41. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR CLUB OR INTERNATIONAL ORGANIZATION, ORDER, OR ORGANIZATION, OR SOCIETY, GROUP, OR ORGANIZATION OF PERSONS WHO HAVE ADOPTED A PLAN OF ADVERTISING OR PROPAGANDA OR THE COMMUNING OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WORKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION, STATE, OR LOCAL MEANS?

42. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR CLUB OR INTERNATIONAL ORGANIZATION, ORDER, OR ORGANIZATION, OR SOCIETY, GROUP, OR ORGANIZATION OF PERSONS WHO HAVE ADOPTED A PLAN OF ADVERTISING OR PROPAGANDA OR THE COMMUNING OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WORKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION, STATE, OR LOCAL MEANS?

43. HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR CLUB OR INTERNATIONAL ORGANIZATION, ORDER, OR ORGANIZATION, OR SOCIETY, GROUP, OR ORGANIZATION OF PERSONS WHO HAVE ADOPTED A PLAN OF ADVERTISING OR PROPAGANDA OR THE COMMUNING OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WORKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION, STATE, OR LOCAL MEANS?

35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?
 If your answer is "Yes," give details in Item 39.

36. HAVE YOU EVER BEEN EMPLOYED BY THE UNITED STATES GOVERNMENT (EMPLOYED IN A CIVILIAN CAPACITY OR HAVE LIVED WITHIN THE PAST 36 MONTHS)?
 If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment.

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a combat or service ribbon, or as a DISABLED VET. BRN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CBC Form 14, together with record specified therein.

B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing office your service record, official evidence of separation from active service in the armed forces of the United States in time of war.

37. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?

(b) IN THE WORD "UNAVAILABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION:

(c) WAS SERVICE ACTIVE OR INACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND BENEFITS?

(d) DATE OF ENTRY INTO SERVICE: **July 1940**
Sept. 1943
March 1942
March 1946

(e) GRADE OR RATE: **Navy - Army**
0-587241/57532

(f) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?

(g) ARE YOU A DISABLED VETERAN?
 If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.

(h) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?

(i) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH ENTITLES HIM FOR CIVIL SERVICE APPOINTMENT?

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on **6-1** 19 **48**

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: *Raymond Rubican*

(Sign your name in INK. Use your first name or Mrs. and if married, include or initials and surname) If female, use last given name as "Mrs. Mary L. ..."

AFFIDAVIT
STRIKING AGAINST THE FEDERAL GOVERNMENT
DEPARTMENT OF STATE

Economic Cooperation Administration

(Place of Employment)

(Office or Division)

E. Howard Hunt, Jr.

I, E. Howard Hunt, Jr., do hereby swear (or affirm) that I have not engaged in any strike against the Government of the United States, that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

E. Howard Hunt, Jr.
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 3 day of June, 1948
at Washington, State of DC

J. Marwin W. Wolf
(Signature of Officer)

Notary Public

(Title)

NOTE: Any officer or employee of the Department of State who is designated in writing by the Secretary to administer oaths in connection with employment as required by law is authorized to administer the affidavit required incidental to the foregoing and such affidavit must be administered without charge or fee and has the same force and effect as affidavits administered by officers having seals.

STATUTORY PENALTY CLAUSE: "Any person who engages in a strike against the Government of the United States or who is a member of an organization of Government employees that asserts the right to strike against the Government of the United States *** and accepts employment the salary or wages for which are paid from any appropriation contained in this Act shall be guilty of a felony and, upon conviction, shall be fined not more than \$1,000 or imprisoned for not more than one year, or both: Provide: further, that the above penalty clause shall be in addition to, and not in substitution for, any other provisions of existing law."

OATH OF OFFICE, AFFIDAVIT AND DECLARATION OF APPOINTEE

Economic Cooperation Administration

(Department or Establishment)

(Bureau or Division)

(Place of Employment)

A.
OATH OF OFFICE

I, E. Howard Hunt, Jr.
Do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

B.
AFFIDAVIT

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

C.
DECLARATION OF APPOINTEE

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached information for Appointee; and [strike out either (3) or (4)]

(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;

(4) the answers contained in my Application for Federal Employment, Form No. _____, dated _____, 19____, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

E. Howard Hunt, Jr.
Signature of Appointee

Subscribed and sworn before me this 9 day of June A. D., 1948
at Washington DC
(City) (State)

Marvin W. Will
Notary Public
(Title)

[SEAL]

My commission expires 14 Dec., 1948

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown

9 June, 1948
(Date of Entrance on Duty)

F33-5; U.S. Media Specialist
(Position to which appointed)

Oct. 9, 1918
(Date of Birth)

DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. False personation is a criminal offense and will be prosecuted accordingly.

1. Present Address 50 Willet St. Albany, N.Y.
(Street and Number) (City and State)

2. Who should be notified in case of emergency? Mr. E. H. Hunt Mother
(Name) (Relationship)

50 Willet St. Albany, N.Y.
(Street and Number) (City and State)

3. Does the U. S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No? Yes. If so, for each such relative fill in the blanks below. If additional space is necessary, complete under item 12.

Name	Present address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or office in which employed	Relation-ship	Married or single	Age
1.
2.
3.
1.
2.
3.
1.
2.
3.

4. Place of Birth Hamburg, One County, N.Y.
(Town) (State or Country)

Indicate "Yes" or "No" answer by placing X in proper column	Yes		No		12. Space for detailed answers to other questions.
	Yes	No	Yes	No	
5. Are you a citizen of the United States?	X				Write in left column numbers of items to which detailed answers apply <u>ECA Information</u> <u>Specialist</u> <u>CAF 12</u> <u>8590-20</u>
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission?					
(2) this agency in connection with this appointment?					
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship, or of the persons through whom you obtained your citizenship?			X		
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality?			X		
If so, state the place, position, and salary under item 12.					
(b) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position?			X		
9. Do you receive any pension or other benefit for military or naval service or an annuity from the U. S. or D. C. Government under any Retirement Act?			X		
If so, give details under item 12, stating whether you were retired for age, length of service, or disability; amount of retirement pay and under what retirement act; and name, if retired from military or naval service.					
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service, or forced to resign from any position?			X		
If so, give under item 12 where employed, name and address of employer and the reason for discharge in each case.					
11. Since you filed application resulting in this appointment, have you been arrested, or sentenced into any civil or military court as a delinquent, or indicted for or convicted of any offense felony or misdemeanor?			X		
If so, for each case give under item 12 (1) the date, (2) the name and location of the court, (3) the nature of the offense or violation, and (4) the penalty, if any, imposed, or other disposition.					

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable civil service rules, the War Service Regulations, and acts of Congress pertaining to appointment.

This form should be checked for history of office, pension, purchase of office, suitability in connection with any record of recent discharge or arrest, promises to observe provisions regarding personal agency, and particularly for the following:

(1) Identity of appointee with the applicant whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) Age.—If discrepancy exists between the date of birth and that on application, and if definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment.

(3) Citizenship.—The responsibility for ascertaining the citizenship of the appointee rests with the appointing officer.

The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship if the list of eligibles or the letter of authority from the Commission makes the appointment subject to proof of citizenship, or if the application shows foreign birth but does not indicate on its face that citizenship has been proved. If the answer to question 4 of this form shows foreign birth and the application shows birth in the United States, the case should be referred to the Civil Service Commission.

(4) Members of Family.—Section 9 of the Civil Service Act provides that whenever there are already two or more members of the family in the classified service, no other member of such family is eligible for appointment in that service. Minors do not establish a different family merely by living at an address different from that of the parents. Doubtful cases involving more than two members of family, including all pertinent evidence, should be referred to the Civil Service Commission or its duly authorized representatives for decision. Under War Service Regulations, the members provision does not apply to temporary appointments for one year or less.

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Do not write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding completion of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OFFICER: (if mentioned in examination announcement)

3 PLACE OF EMPLOYMENT APPLIED FOR (City and State) & DATE OF THIS APPLICATION
Albany 6, New York 17 May 1948

4 (a) FIRST NAME (Middle) (Last)
XX (Everette) Howard Hunt (Jr.)

5 (A) STREET AND NUMBER OR R. D. NUMBER
30 Willett Street
(B) CITY OR POST OFFICE (including postal name) AND STATE
Albany 6, New York

6 (A) CITY OF BIRTH (State) (B) LOCAL PHONE (C) HOME PHONE
New York 4-2101 3-6218

7 (A) DATE OF BIRTH (month, day, year)
Oct. 9, 1918

8 (A) PLACE OF BIRTH (city and State, if born outside U. S., name city and counties)
Hamburg, Erie County, New York

9 (A) SEX (B) HEIGHT WITHOUT SHOES (C) WEIGHT
 MALE FEMALE 5 FEET 9 INCHES 165 POUNDS

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

APPLICANT S. O. M. ENTERED REGISTER

NEW APPLICANT SUBMITTED RETAINED

NOTATIONS: ANY OTHER

OPTION	GRADE	EXPERIENCE RATING	PREFERENCE	ADJUSTMENT RATING
			<input type="checkbox"/> 5 POINTS (BEST)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR BORN WIFE	
			<input type="checkbox"/> USUAL	
			<input type="checkbox"/> BEING INVESTIGATED	

INITIALS AND DATE

10 (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

11 (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 4,500 PER YEAR
You will not be considered for any position with a lower entrance salary.
(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:
 1 TO 3 MONTHS 3 TO 6 MONTHS 6 TO 12 MONTHS
NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.
(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
 OCCASIONALLY FREQUENTLY CONSTANTLY

12 CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
 IN WASHINGTON, D. C. ANYWHERE IN THE UNITED STATES
 OUTSIDE THE UNITED STATES
(B) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

13 EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tests which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.
(A) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.
(B) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

① PRESENT POSITION

DATES OF EMPLOYMENT (month, year) FROM 1947 TO PRESENT TIME	EXACT TITLE OF YOUR PRESENT POSITION Self-employed	CLASSIFICATION GRADE (if in Federal Service)	SALARY OR EARNINGS: STARTING \$ PER YEAR PRESENT \$ 5000 PER YEAR
PLACE OF EMPLOYMENT (city and State) Albany, N.Y.	NAME AND TITLE OF IMMEDIATE SUPERVISOR	KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale firm, insurance agency, manufacture of locks, etc.) writing	
NAME AND BUSINESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau, establishment, and division)	NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR LEAVING TO OBTAIN EMPLOYMENT Interested in ECA	
DESCRIPTION OF YOUR WORK Authoring novels and magazine stories.			

16 CONTINUED

② DATES OF EMPLOYMENT (month, year)
FROM Jan. 1943 TO Oct. 1943 EXACT TITLE OF YOUR POSITION War Correspondent CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS STARTING \$ PER MONTH FINAL \$ 600 PER MONTH

PLACE OF EMPLOYMENT (city and State) New York, N.Y. NAME AND TITLE OF IMMEDIATE SUPERVISOR Sam Langwell - Editor
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) "LIFE" KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of locks, etc.) Publishing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR LEAVING Enlisting in AAF

DESCRIPTION OF YOUR WORK
Travel with Naval combat groups in S. Pacific. Report results of actions.

③ DATES OF EMPLOYMENT (month, year)
FROM Oct. 1943 TO Jan. 1943 EXACT TITLE OF YOUR POSITION Script Writer CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS STARTING \$ PER MONTH FINAL \$ 600 PER MONTH

PLACE OF EMPLOYMENT (city and State) New York, N.Y. NAME AND TITLE OF IMMEDIATE SUPERVISOR Joris de Rochemont - Editor
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) The March Time (Cinema) KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of locks, etc.) Dramatic producers

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR LEAVING go overseas w/ life

DESCRIPTION OF YOUR WORK
Developing screen narrative of a particular subject - writing narration & footage writing & producing Naval training films.

④ DATES OF EMPLOYMENT (month, year)
FROM: TO: EXACT TITLE OF YOUR POSITION CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS STARTING \$ PER MONTH FINAL \$ PER MONTH

PLACE OF EMPLOYMENT (city and State) NAME AND TITLE OF IMMEDIATE SUPERVISOR
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of locks, etc.)
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

5 DATES OF EMPLOYMENT (month, year) FROM _____ TO _____		EXACT TITLE OF YOUR POSITION _____		CLASS OF SERVICE (If in Federal Service) _____		DATE OF TRAINING STARTING: _____ FINAL: _____		PER PER	
PLACE OF EMPLOYMENT (city and State)				NAME AND TITLE OF IMMEDIATE SUPERVISOR					
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)				KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale club, insurance agency, manufacture of books, etc.)					
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING					
DESCRIPTION OF YOUR WORK									
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.									
17. MILITARY TRAINING: In the space below, describe any training received in the Armed Services not already listed under Item 16 that would assist appointing officers or placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)									
DATES		LOCATION		DESCRIPTION OF TRAINING					
FROM	TO								
2/41	5/41	U.S. Naval Academy		USNR Midshipman's Course					
1/44	6/44	Miami Beach		AAF/OCS					
6/44	8/44	Orlando, Fla		AAF Combat Intelligence School					
1/45	3/45	Catalina Island		Office of Strategic Services Clandestine School					
18 EDUCATION. (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12									
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: <input type="checkbox"/> ELEMENTARY GRADE <input type="checkbox"/> SENIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL				(4) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED Hamburg High School, N.Y.					
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY Brown University, Providence, R.I.				MAJOR AND SPECIALTY English		(5) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED		DATES ATTENDED FROM TO 1936 1940	
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS English Literature Economics Sociology				MAJOR AND SPECIALTY English		YEARS COMPLETED DAY NIGHT 4		DEGREES CONFERRED TITLE DATE AB June 1940	
(E) OTHER TRAINING: List vocational, business, study courses given through the Armed Services Institute (show name and location of school) or "on-the-job training" in public or private employment				SUBJECTS STUDIED		DATES ATTENDED FROM TO DAY NIGHT		YEARS COMPLETED DAY NIGHT	
19 INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: Spanish				READING <input checked="" type="checkbox"/>		SPEAKING <input checked="" type="checkbox"/>		UNDERSTANDING <input checked="" type="checkbox"/>	
20 IF YOU HAVE TRAINED OR SERVED IN ANY FOREIGN COUNTRIES INDICATE (1) NAME OF COUNTRY, (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (e.g., military service, business, education, recreation)				22 ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSEE OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, etc., not, lawyer, CPA, etc.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE: FIRST LICENSE OR CERTIFICATE (YEAR) _____ LATEST LICENSE OR CERTIFICATE (YEAR) _____					
21 LIST ANY SPECIAL SKILLS IN THE HAND MACHINES AND EQUIPMENT YOU CAN USE: SHOW TYPE, MAKE, MODEL, SERIAL NO. AND DATE OF PURCHASE. OTHER: KEY-PUNCH, TURKISH LATIN, SCIENTIFIC OR PROFESSIONAL SKILLS				23 GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION, U.S. HAS (1) YOUR OWN PATENTS OR INVENTIONS (2) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (3) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES ETC. (4) HONORS AND FELLOWSHIPS RECEIVED. Covered in detail: "Who's Who in the East" Vol II					
APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING: _____ SHORTHAND: _____									

24. REFERENCES: List three persons living in the United States or Territories of the United States who are fully related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	PRESENT RESIDENCE (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Vaj. Gen. Wm. J. Donovan	2 Wall Street, New York 5, N.Y.	Attorney
John C. Farrar	53 East 34th Street, New York 18	Publisher
Raymond Rubicam	444 Madison Avenue, New York 18	Executive

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. HAS ANYBODY BY NAME OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A. OR ANY COMMUNIST ORGANIZATION?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF AN ORGANIZATION, ASSOCIATION, SOCIETY, OR COMBINATION OF PERSONS WHICH HAS AS ONE OF ITS OBJECTS OR PURPOSES THE OBTAINING OF FEDERAL OR STATE FUNDS OR CONTRACTS, OR THE CONSTRUCTION OF THE UNITED STATES GOVERNMENT, OR THE OBTAINING OF ANY CONTRACT OR BUSINESS OF THE UNITED STATES GOVERNMENT?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONFINED, FINED, OR IMPRISONED OR PLACED ON PROBATION FOR ANY VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (INCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH FINE OR FORTHELOTH OF 150 OR LESS WAS IMPOSED)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DISCHARGED OR FORGED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATION OR ACCEPTING CIVIL SERVICE APPOINTMENT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR ESTATE OF ANOTHER PERSON, OR A PENSION OR OTHER PAYMENT FROM THE UNITED STATES GOVERNMENT OR ANY OTHER FEDERAL, STATE, OR LOCAL GOVERNMENT OR FROM MILITARY OR NAVAL SERVICE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a **PRACETIME VETERAN** who has been awarded a campaign badge or service number, or as a **DISABLED VETERAN**, or as the **WIFE OF A DISABLED VETERAN**, or as the **WIDOW OF A WAR OR CAMPAIGN VETERAN**, attach **Veteran Preference Claim, CDC Form 14**, together with **proof specified therein**.

B. If you are a **WAR-TIME VETERAN** not claiming disability preference, you should **NOT** submit your discharge with this application. Preference will be tentatively granted to you and if appointed, you will be required to submit to the appointing officer **proof to entitle you to duty of actual evidence of separation from active service in the armed forces of the United States in time of war**.

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(B) IS THE WORD "INDISCIPLINABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(D) LIST THE DATES OF YOUR ACTIVE SERVICE IN THE UNITED STATES MILITARY OR NAVAL SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)

July 1940 - March 1942
Sept. 1943 - March 1946

Navy - Army

0-587241/97532

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Questions 37 above has been verified by comparison with the discharge certificate on 6-1, 1948

Agency: _____ Title: _____

35. PLACE FOR DETAIL ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO.	ANSWERS

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Falsely making this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: *[Signature]*

(Print your name in INK. Do not give just a last name or Mrs. and if married initial or initials, and surname). If female, crown given name as "Mrs. Mary L. (M)"

UNITED STATES OF AMERICA
ECONOMIC COOPERATION ADMINISTRATION
OFFICE OF THE SPECIAL REPRESENTATIVE IN EUROPE

2 rue Saint Florentin
PARIS. January 13, 1949.

Dear Howard:

I am genuinely sorry to hear that you feel obliged to resign your post in our Information Division here at ECA in Europe owing to the pressure of personal matters in the States.

All who have worked with you have been impressed by your prompt and efficient handling of assignments - no matter how difficult - as well as by your quick and imaginative grasp of what ECA is attempting to do for the peoples of Europe.

Let me thank you for the splendid work you have done and wish you the best of health and good fortune in the future.

Sincerely yours,



W. A. Harriman
U. S. Special Representative
in Europe.

*I am personally sorry we aren't going to have any more trips together
Wally*

Mr. Howard Hunt
Information Division
ECA 2 rue Saint Florentin
PARIS.

FEDERAL GOVERNMENT PERSONNEL ADMINISTRATION

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS - FIRST - MIDDLE INITIAL - LAST) Mr. A. Howard Hunt, Jr.		2. DATE OF BIRTH 10-9-18	3. JOURNAL OR ACTION NO. 7	4. DATE 6-9-48
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Separation - Transfer (to Econ. Coop. Adm., Foreign Service)		6. EFFECTIVE DATE 6-9-48 cob	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM		TO		
Information and Editorial Spec. CAF-10, \$6005.70 per annum GSC No. 103 - Series 1420 Press Information Division Washington, D. C.		8. POSITION TITLE	9. SERVICE GRADE, SALARY	
		10. ORGANIZATIONAL DESIGNATIONS	11. HEADQUARTERS	
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. REMARKS <p>Appointed to Foreign Service, effective 6-9-48.</p> <p>Annual and sick leave, if any, to be transferred.</p>				
<p>V. L. Couch Director of Personnel</p>				
14. SIGNATURE OR OTHER AUTHENTICATION				
15. VETERAN'S PREFERENCE			16. POSITION CLASSIFICATION ACTION	
NONE	3 PT.	10 POINT	NEW	VICE
	<input checked="" type="checkbox"/>	DISAB. WIFE WIDOW	L. A.	REAL
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. APPROPRIATION			20. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	
17. SEX	18. RACE	19. FROM: TO: 11B/95-000(C1) 100 01	No	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		21. DATE OF OATH (ACCESSIONS ONLY)	
			22. LEGAL RESIDENCE	
			New York	

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION						DATE 6-9-48		
						JOURNAL NO. 4B		
NAME (LAST) Hunt	(FIRST) E.	(MIDDLE) Howard	JR.	DATE OF BIRTH 10-9-18	LEGAL AUTHORITY PL 472, 80th			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:						SERVICE ECA		
NATURE OF ACTION Appointment by Transfer				EFFECTIVE DATE 6-9-48	DATE OF OATH 6-9-48			
FROM			TO					
POSITION TITLE			U. S. Media Specialist					
CLASS AND TOTAL SALARY			FAS-5, \$6120 per annum					
POST			Office of Special Representative Information Division Paris, France					
BASIC SALARY								
TEMPORARY INCREASE								
APPROPRIATION-ALLOTMENT			118/95400(01) 100 01					
POSITION NUMBER			FAS-1230-5-28-36, adma. allocated 6-9-48					
NATURE OF EMPLOYMENT	PERMA-NENT	TEMPO-RARY	FULL TIME	PART TIME	PERMA-NENT	TEMPO-RARY	FULL TIME	PART TIME
					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	10 POINTS	NATURE OF POSITION		
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			NEW	REALLOCATION	
LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL	VICE (NAME)	VACANCY	
New York	M	Single					<input checked="" type="checkbox"/>	

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS: **Subject to items a, b, e, j, l, g.**

Not to exceed the duration of the Foreign Assistance Program.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C. Departmental Service.

pay card delivered to Mr. Hunt

David H. Bellows
 TITLE: **Special Representative to ECA**

3

RECEIVING POST

DIVISION OF FOREIGN SERVICE PERSONNEL				DATE					
DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION				6/9/48					
				JOURNAL NO. AB					
NAME (LAST)		(FIRST)		(MIDDLE)		DATE OF BIRTH		LEGAL AUTHORITY	
Brent		E.		Howard Jr.		10/9/18		PL 472 - 80th SERVICE	
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:									
NATURE OF ACTION						EFFECTIVE DATE		DATE OF OATH	
Appointment by transfer						6/9/48		6/9/48	
FROM					TO				
POSITION TITLE					U.S. Media Specialist				
CLASS AND TOTAL SALARY					FSS-5, \$6120 pa				
POST					Office of Special Representative Information Division Paris France				
BASIC SALARY									
TEMPORARY INCREASE									
APPROPRIATION-ALLOTMENT					118/95400(01)-100 01				
POSITION NUMBER					FSS-1230-5-SR-36, admin alloc 6/9/48				
NATURE OF EMPLOYMENT		PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
RETIREMENT DEDUCTIONS		YES	AMERICAN	NON-AMERICAN	VETERAN PREFERENCE	5 POINTS	10 POINTS	NATURE OF POSITION	
		NO						NEW	REALLOCATION
LEGAL RESIDENCE		SEX	MARITAL STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL		VICE NAME	
New York		M	Single					Vacancy	
CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:									
REMARKS: Subject to items a b c e. j. i. g. Not to exceed the duration of the Foreign Assistance Program. Affidavit "Striking Against the Federal Government" signed. Previously employed by ECA, Wash. D.C. Departmental Service.									

2

Errett H. Belton
 State Department
 Representative to ECA

DIVISION OF FOREIGN SERVICE PERSONNEL				DATE 6/9/48				
DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION				JOURNAL NO. 48				
NAME (LAST)		NAME (FIRST)		NAME (MIDDLE)				
Hunt		E.		HOWARD JR.				
DATE OF BIRTH		LEGAL AUTHORITY						
10/9/18		FL 472 - 80th						
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT								
NATURE OF ACTION			EFFECTIVE DATE		DATE OF OATH			
Appointment by transfer			6/9/48		6/8/48			
FROM			TO					
POSITION TITLE			U.S. Health Specialist					
CLASS AND TOTAL SALARY			FSS-5, GS-126					
POST			Office of Special Representative, Information Division					
BASIC SALARY			\$12,000.00					
TEMPORARY INCREASE								
APPROPRIATION-ALLOTMENT			115/04000(01) 100 01					
POSITION NUMBER			FSS-1250-5-27-36, Admin office 6/9/48					
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
					<input checked="" type="checkbox"/>			
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION			
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NEW	REALLOCATION		
LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21		ADDITIONAL IDENTICAL	VICE (NAME)			
New York	M	single			None			
<p>CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:</p> <p>Subject to items a, b, c, e, f, i, g.</p> <p>Not to exceed the duration of the Foreign Assistance Program.</p> <p>Affidavit "Striking Against the Federal Government" signed.</p> <p>Previously employed by LCA, Wash, D.C. Governmental Service.</p>								
<p>1</p> <p>_____ TITLE: _____ DATE: _____</p>								

DIVISION OF FOREIGN SERVICE PERSONNEL
DEPARTMENT OF STATE
ECONOMIC COOPERATION ADMINISTRATION

DATE
6-9-48

JOURNAL NO.
48

NAME (LAST) (FIRST) (MIDDLE) DATE OF BIRTH
Hunt E. Howard Jr. 10-9-18

LEGAL AUTHORITY
PL 472, 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:

SERVICE
BCA

NATURE OF ACTION
Appointment by Transfer

EFFECTIVE DATE
6-9-48

DATE OF OATH
6-9-48

FROM

TO

POSITION TITLE
CLASS AND TOTAL SALARY
POST
BASIC SALARY
TEMPORARY INCREASE
APPROPRIATION-ALLOCATION
POSITION NUMBER

U. S. Media Specialist
PSS-5, \$6120 per annum
Office of Special Representative
Information Division
Paris, France
118/95400(01) 100 01
PSS-1230-5-SR-36, admin.
allocated 6-9-48

NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
						<input checked="" type="checkbox"/>		
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	AMERICAN	NON-AMERICAN	VETERAN PREFERENCE	5 POINTS	10 POINTS	NATURE OF POSITION	
							NEW	REALLOCATION
LEGAL RESIDENCE	NEW YORK	DLA	MARITAL STATUS AND CHILDREN UNDER 21		ADDITIONAL IDENTICAL		VICE (NAME) <input checked="" type="checkbox"/>	
			Single				Vacancy	

CONDITIONS AND REQUIREMENTS ABOVE ACTION AND CONTINUALITY OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS: **Subject to items a, b, e, j, i, g.**
Not to exceed the duration of the Foreign Assistance Program.
Affidavit "Striking Against the Federal Government" signed.
Previously employed by Economic Cooperation Administration, Washington, D. C. Departmental Service.

2

Everett H. Bellows
State Department
Representative to BCA

FOLOER

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION						DATE 7-7-48			
						JOURNAL NO. 108			
NAME (LAST)		FIRST		MIDDLE		DATE OF BIRTH		LEGAL AUTHORITY	
Grant		E.		Howard		Jr.		10-9-18	
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:						SERVICE		FCA	
NATURE OF ACTION						EFFECTIVE DATE		DATE OF OATH	
Appointment by Transfer - Amendment						6-9-48		6-9-48	
FROM						TO			
POSITION TITLE						U. S. Media Specialist			
CLASS AND TOTAL SALARY						FES-5, \$6120 per annum			
POST						Office of Special Representative, Information Division, Paris, France			
BASIC SALARY									
TEMPORARY INCREASE									
APPROPRIATION-ALLOTMENT						118/95400(01) 100 01			
POSITION NUMBER						FEB-1230-5-RR-36, admin, allocated 6-9-48			
NATURE OF EMPLOYMENT		PERMANENT	TEMPORARY	FULL TIME	PART TIME	PROBATIONARY	TEMPORARY	FULL TIME	PART TIME
				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
RETIREMENT REDUCTIONS		YES	AMERICAN	YES/VEETAN	5 POINTS	10 POINTS	NATURE OF POSITION		
		NO	NON-AMERICAN	PREFERENCE			NEW	REALLOCATION	
LEGAL RESIDENCE		NEW YORK	MARRIAGE STATUS AND CHILDREN UNDER 21	SINGLE	ADDITIONAL IDENTICAL	VICE NAME	VACANCY		

CONDITIONS AND REQUIREMENTS APPLY TO ACTION AND ENDORSEMENT OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS: Subject to items a, b, c, j, i, g, d.
 In lieu of Appointment by Transfer on personnel action report dated 6-9-48 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement, and omitting subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by ECA and in any case limited to the duration of ECA.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

Malbourn L. Spector
 Assistant State Department
 Representative to FCA

ENCLOSURE

DIVISION OF FOREIGN SERVICE PERSONNEL					DATE			
DEPARTMENT OF STATE					7/7/68			
ECONOMIC COOPERATION ADMINISTRATION					JOURNAL NO.			
					185			
NAME (LAST)		(FIRST)	(MIDDLE)	DATE OF BIRTH	LEGAL AUTHORITY			
LUNT		E.	HOWARD J.	10-9-18	FL 472 87th			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:					SERVICE			
NATURE OF ACTION					EFFECTIVE DATE	DATE OF OATH		
Appointment by transfer - Amendment					6/9/68	7/6/68		
			FROM	TO				
POSITION TITLE			U.S. Media Council List					
CLASS AND TOTAL SALARY			PL-305 GS-10-1					
POST			Office of Special Representative Information Division					
BASIC SALARY			\$14,100.00					
TEMPORARY INCREASE								
APPROPRIATION-ALLOTMENT			11/9/60(01) 100 01					
POSITION NUMBER			100-104-5-00-1, Amendment 6/9/68					
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RETIREMENT DEDUCTIONS	YES	NO	AMERICAN	NON-AMERICAN	VETERAN PREFERENCE	5 POINTS	10 POINTS	NATURE OF POSITION
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
LEGAL RESIDENCE	BLX	MARITAL STATUS AND CHILDREN UNDER 21	ADDITIONAL IDENTICAL	VICE (NAME)				
New York	<input checked="" type="checkbox"/>	Single	<input type="checkbox"/>	Tracy				
<p>CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HERELWITH</p> <p>REMARKS: Subject to items a, b, e, j, i, g, d.</p> <p>In lieu of appointment by transfer on personnel action report dated 6/9/68 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement and omitting subject to item d.</p> <p>Limited appointment. Duration limited to the period in which appointed's services are required by FCA and in any case limited to the duration of FCA.</p> <p>Previously employed by FCA Wash. D.C. Departmental Service.</p> <p>Affidavit "Striking Against the Federal Government" signed.</p> <p><i>File 7/28</i> <i>Post 7/28</i></p>								
					<p>SIGNATURE: Melborne L. [Signature]</p> <p>TITLE: Asst. Sec. to [Signature]</p>			

3

**DIVISION OF FOREIGN SERVICE PERSONNEL
DEPARTMENT OF STATE
ECONOMIC COOPERATION ADMINISTRATION**

DATE
7-7-48

JOURNAL NO.
162

NAME (LAST) (FIRST) (MIDDLE) (DATE OF BIRTH)
Harb E. Howard Jr. 12-9-18

LEGAL AUTHORITY
PL 472 - 800a

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:

SERVICE **ECA**

NATURE OF ACTION

EFFECTIVE DATE

DATE OF BATH

Appointment by Transfer - Amended

6-9-48

6-9-48

FROM

TO

POSITION TITLE

U. S. Media Specialist

CLASS AND TYPICAL SALARY

SES-7, \$6120 per annum

POST

**Office of Special Representative
Intelligence Division
Paris, France**

BASIC SALARY

TEMPORARY INCREASE

APPROPRIATION-ALLOTMENT

**118/9/100(01) 100 01
PLS-100-7-62-36, admin.
allotted 6-9-48**

POSITION NUMBER

NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW	REALLOCATION		
LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL	VICE INANEL		
	New York	M	Single			Vacancy		

CONDITIONS AND REQUIREMENTS: ALL OF ACTION AND CONTINUANCE OF STATUS SPECIFIED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

Subject to items a, b, c, j, i, g, d.

REMARKS: In lieu of Appointment by Transfer as personnel action report dated 6-9-48 indicating "not to cancel the function of the Foreign Assistance Program" instead of the following statement, and amending subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by ECA and in any case limited to the duration of ECA.

Affidavit "Striking Against the Federal Government" signed.

Provisionally employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

7

Malbourne L. Spector
Assistant State Department

(Date) July 29, 1948

To: Director of Personnel
From: Director of Security
Subj: Notice of Loyalty and Security Certification of:
HUNT, E. Howard, Jr. ECA-43-189

This is to advise that the above named person has been certified by the Administrator as to loyalty and security in accordance with the requirements of Section 110(c), Public Law 472, 80th Congress, and appears on Certification Number 17, dated July 28, 1948.

J. W. Yeagley
Director of Security

Payroll copy attached.

Paul ...

jw:dy

UNITED STATES OF AMERICA
ECONOMIC COOPERATION ADMINISTRATION
SPECIAL MISSION TO AUSTRIA

November 19, 1948

Mr. Averell Harriman,
U. S. Special Representative,
Economic Cooperation Administration,
Hotel Talleyrand,
Paris, France.

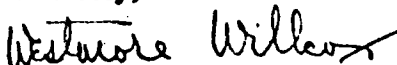
Dear Averell:

On the point of departure from Vienna, I want to record with you my appreciation of the services rendered me in this Mission over the last few weeks by Mr. Howard Hunt, Information Officer, temporarily assigned here from your staff.

Hunt has not only carried the duties and responsibilities of Information Officer, pending appointment of Mr. Wilson to that post, but he has, additionally, carried a large load for me in connection with the Ross murder incident. He has acted as a personal aide, to all intents and purposes, at a time when, understaffed as this Mission is, we were faced with a concentration of vitally important work in connection with our normal Mission operations.

I think Hunt has shown a broad-gauged grasp of what ERP is, what ECA is, and what Information work in behalf of both should be. Besides this, he is the right kind of person to have in this great ECA undertaking. I hope you will be able to keep him and to give him opportunities to express his abilities fully.

Sincerely,



Westmore Willcox
Chief of Special Mission

WW/ls

cc: Mr. Hoffman
Mr. Friendly

DIVISION OF FOREIGN SERVICE PERSONNEL
 DEPARTMENT OF STATE
 ECONOMIC COOPERATION ADMINISTRATION

DATE
 3-17-49

JOURNAL NO.
 4 B

NAME (LAST) (FIRST) (MIDDLE) DATE OF BIRTH LEGAL AUTHORITY
HUNT E. HOWARD Jr. 10-9-18 PL 472 - 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT: **ECA**

NATURE OF ACTION EFFECTIVE DATE DATE OF ORTH
Termination cob 2-19-49

POSITION TITLE FROM TO
Asst. Economic Commissioner * (U. S. Media Specialist)

CLASS AND TOTAL SALARY
FSS-5 (ECA) \$6120 per annum

POST
Office of Special Representative Information Division Paris, France

BASIC SALARY

TEMPORARY INCREASE

APPROPRIATION-ALLOTMENT
118/95400(01).008

POSITION NUMBER
FSS-5-SR-36 admin. allocated 6-9-48

NATURE OF EMPLOYMENT	PERMANENT	<input checked="" type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	FULL TIME	<input checked="" type="checkbox"/>	PART TIME	<input type="checkbox"/>	PERMANENT	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	FULL TIME	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>
RETIREMENT DEDUCTIONS	YES	<input checked="" type="checkbox"/>	AMERICAN	<input checked="" type="checkbox"/>	VETERAN PREFERENCE	5 POINTS	<input checked="" type="checkbox"/>	10 POINTS	NATURE OF POSITION							
	NO	<input type="checkbox"/>	NON-AMERICAN	<input type="checkbox"/>			<input type="checkbox"/>		NEW	REALLOCATION						
LEVEL OF RESIDENCE	New York		<input checked="" type="checkbox"/>	MARRIAGE STATUS AND CHILDREN UNDER 21		Single		ADDITIONAL IDENTICAL	VICE INAMEL							

CONDITIONS AND REQUIREMENTS ABOVE ACTION AND CONTINUANCE OF STATUS EXPECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS:
 * Equivalent to Attache.
 Completion of Assignment
 Mailing address: 30 Willett Street, Albany 6, New York

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D. V. Stapleton
 State Department
 Representative to ECA EN

FOLDER

DIVISION C. FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION				DATE 3-17-49
				JOURNAL NO. 4 B
NAME (LAST) BOBT	(FIRST) E.	(MIDDLE) HOWARD	(JUNIOR) Jr.	DATE OF BIRTH 10-9-18
				LEGAL AUTHORITY PL 472 - 80th
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:				REASON ECA
NATURE OF ACTION Termination			EFFECTIVE DATE Feb 2-19-49	DATE OF OATH
FROM			TO	
POSITION TITLE Asst. Economic Commissioner * (U. S. Media Specialist)				
CLASS AND TOTAL SALARY PL-5 (EC) \$6120 per annum				
POST Office of Special Representative Information Division Paris, France				
BASIC SALARY				
TEMPORARY INCREASE				
APPROPRIATION-ALLOTMENT 113/92,000(01).003				
POSITION NUMBER PL-5-2B-36 Admin. Allotted 6-9-48				
NATURE OF EMPLOYMENT	PERMANENT <input type="checkbox"/>	TEMPORARY <input checked="" type="checkbox"/>	FULL TIME <input type="checkbox"/>	PART TIME <input checked="" type="checkbox"/>
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	AMERICAN <input checked="" type="checkbox"/>	VETERAN PREFERENCE <input checked="" type="checkbox"/>	5 POINTS <input checked="" type="checkbox"/>
	NO <input type="checkbox"/>	NON-AMERICAN <input type="checkbox"/>	PREFERENCE <input type="checkbox"/>	10 POINTS <input type="checkbox"/>
LEGAL RESIDENCE NEW YORK	USA <input checked="" type="checkbox"/>	MARITAL STATUS AND CHILDREN UNDER 21 SINGLE		ADDITIONAL IDENTICAL <input type="checkbox"/>
VICE NAME				
CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CO. INITIALS OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.				
REMARKS: * Equivalent to Attache. Completion of Assignment Mailing address: 30 Willett Street, Albany 6, New York				
D. V. Stapleton State Department Representative to ECA				

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STANDARD FORM 57-NOV. 1947
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYE

INSTRUCTIONS. In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, read this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR
Intelligence Officer

2. OPTION(S) (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) 4. DATE OF THIS APPLICATION
Washington, D.C. Nov 2, 1948

5. FULL NAME (First name) (Middle) (Maiden, if any) (Last)
Maxx Evrette Howard Hunt, Jr.

6. (A) STREET AND NUMBER OR R. D. NUMBER
30 Willett Street
(B) CITY OR POST OFFICE (including postal zone) AND STATE
Albany 6, New York

7. LEGAL OR VOTING RESIDENCE (State) (A) OFFICE PHONE (B) HOME PHONE
New York ----- 3-6218

9. DATE OF BIRTH (month, day, year)
October 2, 1918

10. PLACE OF BIRTH (City and State; if born outside U. S., name city and country)
Hamburg, New York, USA

12. MALE FEMALE 13. (A) HEIGHT WITHOUT SHOES: **5 FEET 10 INCHES** (B) WEIGHT: **160 POUNDS**

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE
PSS 5

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

APPROVED MATERIAL INTERVIEW REGISTERED
 NON APPROVED SUBMITTED RETURNED

NOTATIONS: _____ APP. REVIEW: _____

OPTION	GRADE	EARNED RATING	PREFERENCE	ADJUST. RATING
			<input type="checkbox"/> 8 POINTS (TENT.)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> DISAB.	
			<input type="checkbox"/> BEING INVESTIGATED	

INITIALS AND DATE: _____

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? **\$ 3,000 PER YEAR**
You will not be considered for any position with a lower entrance salary.

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:
 1 TO 3 MONTHS 3 TO 6 MONTHS 6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
 OCCASIONALLY FREQUENTLY CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
 IN WASHINGTON, D. C. ANYWHERE IN THE UNITED STATES
 OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS: _____

16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

17. PRESENT POSITION **Not presently employed**

DATES OF EMPLOYMENT (month, year) FROM: _____ TO PRESENT TIME _____

PLACE OF EMPLOYMENT (City and State) _____

EXACT TITLE OF YOUR PRESENT POSITION _____

CLASSIFICATION GRADE (if in Federal Service) _____

NAME AND TITLE OF IMMEDIATE SUPERVISOR _____

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) _____

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) _____

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU _____

REASON FOR DESIRING TO CHANGE EMPLOYMENT _____

DESCRIPTION OF YOUR WORK _____

16 CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM Mar., 1948 to Feb., 1949 EXACT TITLE OF YOUR POSITION U.S. Media Specialist CLASSIFICATION GRADE (if in Federal service) FSR 5 SALARY OR EARNINGS (if in Federal service) STARTING \$1,010 PER yr. FINAL \$1,220 PER yr.

PLACE OF EMPLOYMENT (city and State) Washington, D.C.; Paris, France NAME AND TITLE OF IMMEDIATE SUPERVISOR J. M. Fleming, U.S. Media Officer
 NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Economic Cooperation Administration KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)
2 rue St. Florentin, Paris 1, France

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU _____ REASON FOR LEAVING Deterioration of personal affairs while abroad.
 DESCRIPTION OF YOUR WORK
General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American businessmen; liaison work with U.S. Embassy and U.S.I.S.; liaison work with French and Austrian governments; writing and production of documentary films. Press scrutiny; analysis of Communist propaganda

③ DATES OF EMPLOYMENT (month, year) FROM Jan., 1945 to Oct., 1945 EXACT TITLE OF YOUR POSITION War Correspondent CLASSIFICATION GRADE (if in Federal service) _____ SALARY OR EARNINGS (if in Federal service) STARTING \$150 PER wk. FINAL \$150 PER wk.

PLACE OF EMPLOYMENT (city and State) New York, N.Y. NAME AND TITLE OF IMMEDIATE SUPERVISOR Dan Lonwell, Editor of LIFE
 NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Rockefeller Plaza, N.Y. KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)
TIME, Inc. Publishing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None REASON FOR LEAVING Re-enter military service
 DESCRIPTION OF YOUR WORK
Travel to South Pacific combat zone; report on campaign and unusual occurrences in South Pacific

④ DATES OF EMPLOYMENT (month, year) FROM Oct., 1942 to Jan., 1943 EXACT TITLE OF YOUR POSITION Script Writer CLASSIFICATION GRADE (if in Federal service) _____ SALARY OR EARNINGS (if in Federal service) STARTING \$150 PER wk. FINAL \$150 PER wk.

PLACE OF EMPLOYMENT (city and State) New York, N.Y. NAME AND TITLE OF IMMEDIATE SUPERVISOR Louis de Rochemont; producer
 NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) THE MARCH OF TIME KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)
369 Lexington Avenue, New York 16 Documentary films

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None REASON FOR LEAVING Opportunity to revisit combat zones
 DESCRIPTION OF YOUR WORK
Creating from researched themes the framework of the monthly commercial releases; writing to film footage; liaison with Navy Department over preparation of contract training films; writing of Navy training films.

5 DATES OF EMPLOYMENT (month, year) FROM TO		EXACT TITLE OF YOUR POSITION	CLASSIFIED (if in service)	SERIES OR PAY GRADE STARTING DATE	PER PER
PLACE OF EMPLOYMENT (city and State)			NAME AND TITLE OF IMMEDIATE SUPERVISOR		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)			NATURE OF BUSINESS OR ORGANIZATION (e. g., wholesale retail, insurance agency, manufacture of locks, etc.)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU			REASON FOR LEAVING		
DESCRIPTION OF YOUR WORK					
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.					
17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist you in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)					
DATES		LOCATION		DESCRIPTION OF TRAINING	
FROM	TO				
Feb 47	May 47	US Naval Academy		V-7 Midshipman's course	
Feb 47	May 47	AAF OCS		Officer Candidate School	
June 47	Aug 47	Orlando, Fla.		Air Combat Intelligence	
Feb 45	March 45	Catalina I.		OSS Far East Training Course	
18. EDUCATION. (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 (12)					
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: <input checked="" type="checkbox"/> ELEMENTARY SCHOOL, <input checked="" type="checkbox"/> JUNIOR HIGH SCHOOL, <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL					
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY			(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED		
Brown University, Providence, R.I.			Hobbsburg (Pa.) High		
MAJOR AND SPECIALTY English			(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED		
			not applicable		
		DATES ATTENDED		YEARS COMPLETED	
		FROM TO		DAY NIGHT	
		1936 1940		4	
				DEGREES CONFERRED	
				TITLE DATE	
				A.S. June 1940	
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS			LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS		
English literature					
Spanish					
Economics					
(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT					
SUBJECTS STUDIED		DATES ATTENDED		YEARS COMPLETED	
		FROM TO		DAY NIGHT	
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES					
		READING		SPEAKING	
		UNDERSTAND			
		EXCEL. GOOD. FAIR. POOR. NONE		EXCEL. GOOD. FAIR. POOR. NONE	
Spanish		X		X	
French		X		X	
20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (e. g., military service, business, education, recreation)					
Europe, Melanesia, Mexico					
1929-1949 pleasure and business					
21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHIRT WAIVER RADIO MULTITHREAD COMPILOTER, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES					
22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE:					
FIRST LICENSE OR CERTIFICATE (YEAR):					
LATEST LICENSE OR CERTIFICATE (YEAR):					
23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:					
(1) YOUR MORE IMPORTANT PUBLICATIONS (do not submit copies unless requested)					
(2) YOUR PATENTS OR INVENTIONS					
(3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE					
(4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC.					
(5) HONORS AND FELLOWSHIPS RECEIVED					
4 published novels; short stories					
Guggenheim Fellowship 1946-1947					
APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING..... SHORTHAND.....					

24. REFER ONLY to three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Robert G. North	2217 Ardona Drive, Hollywood, Cal.	Textiles
Maj. J. E. Singlaub	"D" Bldg., Washington, D.C.	U. S. Army

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS ETC?			35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		X
26. ARE YOU A CITIZEN OF THE UNITED STATES?	X		36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 36 MONTHS?		X
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A. OR ANY COMMUNIST ORGANIZATION?		X	37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
28. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X	(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X	

29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, LEAGUE, CLUB, OR COMBINATION OF PERSONS WHICH ADVOCATES THE COUNTERFEITING OF OR COUNTERFEITING OF NATIONAL FORMER OF GOVERNMENT, OR AN ORGANIZATION ASSOCIATED WITH THE COUNTERFEITING OF NATIONAL FORMER OF GOVERNMENT OR WHICH HAS KNOWNLY AIDED OR ASSISTED IN COUNTERFEITING THE COUNTERFEITING OF ACTS OF FORCE OR INFLUENCE OR IN VIOLATION OF THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR IN VIOLATION OF THE FORMER OF GOVERNMENT OF THE UNITED STATES BY COUNTERFEITING NATIONAL WEAPON?

If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.

30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR MADE YOU EVER BEEN ORDERED TO PAY FINE OR TO SUFFER FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE INCLUDING MOTOR VEHICLE VIOLATIONS FOR WHICH A FINE OR PENALTY OF \$5 OR LESS WAS IMPOSED?	X		(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?	X	
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?	X		(D) DATE OF ENTRY OR ENTRIES INTO SERVICE	DATE OF SEPARATION OR DEPARTURE	
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATION OR ACCEPTING CIVIL SERVICE APPOINTMENT?	X		no below	no below	
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?	X		BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	SERIAL NO. (if none, give grade or rating at time of separation)	
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?	X		no below	no below	

36. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACE TIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?	X		(E) ARE YOU A DISABLED VETERAN?	X	
(B) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?			If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.		X
(C) ARE YOU A VETERAN'S WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH PRECLUDES HIM FROM CIVIL SERVICE APPOINTMENT?			(F) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH PRECLUDES HIM FROM CIVIL SERVICE APPOINTMENT?		X

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on _____, 19____.

Agency: _____ Title: _____

38. SPACE FOR DETAILED ENTRIES OF YOUR SERVICE (Indicate item numbers to which answers apply)

ITEM NO.	ITEM NO.
37d Navy: July, 1940 - Oct., 1942	File 97532
Army: Oct., 1945 - Feb., 1946	Serial 0-507211

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: *E. Howard Hunt*

(See your name in INK (one print name or Mrs. and if married, give your name in INK (one print name, initial or initials, and surname) if female, your own given name as "Mrs. Mary L. Doe")

STANDARD FORM 57—NOV. 1947
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.	1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR Intelligence Officer		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only	
	2. OPTIONS: (if mentioned in examination announcement)			
ANNOUNCEMENT	3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)		4. DATE OF THIS APPLICATION	
	Washington, D. C.		May 9, 1949	
5. MR. (First name) (Middle) (Maiden, if any) (Last) Everette Howard Hunt, Jr.				
6. (A) STREET AND NUMBER OR R. D. NUMBER 30 Willett Street				
(B) CITY OR POST OFFICE (including postal zone) AND STATE Albany 6, New York				
7. LEGAL OR VOTING RESIDENCE (State) (A) OFFICE PHONE (B) HOME PHONE New York ----- 3-6218				
8. DATE OF BIRTH (month, day, year) (C) MARRIED (D) SINGLE October 9, 1916 <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE				
9. PLACE OF BIRTH (city and State; if born outside U. S., name city and country) Hamburg, New York, USA				
10. (A) MALE (B) FEMALE (C) HEIGHT WITHOUT SHOES (D) WEIGHT <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE 5 FEET 10 INCHES 168 POUNDS				
11. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE FSS 5				
12. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,000 PER YEAR. You will not be considered for any position with a lower entrance salary. (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment. (C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY				
13. (A) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: <input checked="" type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input type="checkbox"/> OUTSIDE THE UNITED STATES (B) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.				
14. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the space below in its proper sequence. (a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."				
(1) PRESENT POSITION Not presently employed				
DATES OF EMPLOYMENT (month, year) FROM _____ TO PRESENT TIME		EXACT TITLE OF YOUR PRESENT POSITION		CLASSIFICATION GRADE OR PAY RANGE in Federal Service
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		STARTING DATE PER PER
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)			KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale firm, insurance agency, manufacture of locks, etc.)	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU			REASON FOR DESIRING TO CHANGE EMPLOYMENT	
DESCRIPTION OF YOUR WORK				

IF CONTINUED

② DATES OF EMPLOYMENT (month, year) From May 1948 to Feb. 1949		EXACT TITLE OF YOUR POSITION U.S. Media Specialist	CLASSIFICATION GRADE (if in Federal service) FSS 5	SALARY OR EARNINGS STARTING \$ 2940 PER YR. FINAL \$ 3400 PER YR.
PLACE OF EMPLOYMENT (city and State) Washington, D. C.; Paris, France		NAME AND TITLE OF IMMEDIATE SUPERVISOR J.F. Fleming, U.S. Liaison Officer		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) Economic Cooperation Administration 2 rue St. Florentin, Paris 1, France		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale store, insurance agency, manufacture of goods, etc.)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING Deterioration of personal affairs while abroad.		

DESCRIPTION OF YOUR WORK
 General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American business men; liaison work with U.S. Embassy and U.S.I.S.; liaison work with French and Austrian governments; writing and production of documentary films. Press scrutiny; analysis of Communist propaganda.

③ DATES OF EMPLOYMENT (month, year) From Jan. 1943 to Oct. 1943		EXACT TITLE OF YOUR POSITION War Correspondent	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ PER WK. FINAL \$ 150 PER WK.
PLACE OF EMPLOYMENT (city and State) New York, N.Y.		NAME AND TITLE OF IMMEDIATE SUPERVISOR Dan Longwell, Editor of LIFE		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) Rockefeller Plaza, N.Y. TIME, Inc.		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale store, insurance agency, manufacture of goods, etc.) Publishing		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None		REASON FOR LEAVING Re-enter military service		

DESCRIPTION OF YOUR WORK
 Travel to South Pacific combat zones; report on campaign and unusual occurrences in South Pacific.

④ DATES OF EMPLOYMENT (month, year) From Oct. 1942 to Jan. 1943		EXACT TITLE OF YOUR POSITION Script Writer	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ PER WK. FINAL \$ 150 PER WK.
PLACE OF EMPLOYMENT (city and State) New York, N.Y.		NAME AND TITLE OF IMMEDIATE SUPERVISOR Louis de Rochemont, producer		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) THE MARCH OF TIME 367 Lexington Avenue, New York 16		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale store, insurance agency, manufacture of goods, etc.) Documentary films.		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None		REASON FOR LEAVING Opportunity to revisit combat zones.		

DESCRIPTION OF YOUR WORK
 Creating from researched themes the framework of the monthly commercial release; writing to film footage; liaison with Navy Department over preparation of contract training films; writing of navy training films.

5 DATES OF EMPLOYMENT (month, year) FROM TO		EXACT TITLE OF YOUR POSITION	CLASSIFICATION (if in Federal Service)	SALARY OR EARNINGS STARTING \$ PER PER FINAL \$ PER PER
PLACE OF EMPLOYMENT (city and State)			NAME AND TITLE OF IMMEDIATE SUPERVISOR	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)			KIND OF BUSINESS OR ORGANIZATION (e.g., wholesaler, insurance agency, manufacture of foods, etc.)	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU			REASON FOR LEAVING	
DESCRIPTION OF YOUR WORK				
If more space is required, use a continuation sheet (Standard Form No. 54) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.				
17. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full description.)				
DATES FROM TO		LOCATION	DESCRIPTION OF TRAINING	
Feb. '41 May '41		US Naval Academy	V-7 Midshipman's course	
Feb. '44 May '44		AAF OGS	Officer Candidate School	
June '44 Aug. '44		Orlando, Fla.	Air Combat Intelligence	
Feb. '45 Mar. '45		Carolina I.	OGS Far East Training Course	
18. EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 (12)				
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: <input checked="" type="checkbox"/> ELEMENTARY SCHOOL <input checked="" type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL				
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY			MAJOR AND SPECIALTY	(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED
Brown University, Providence, R.I.			English	Hamburg (N.Y.) High
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS			(E) LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS	(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED not applicable
English Literature Spanish Economics				
(F) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT				
SUBJECTS STUDIED			DATES ATTENDED FROM TO	YEARS COMPLETED DAY NIGHT
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES				
		READING (EX. GOOD FAIR)	SPEAKING (EX. GOOD FAIR)	UNDERSTANDING (EX. GOOD FAIR)
Spanish French		X X	X X	X X
20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES (2) DATES AND LENGTH OF TIME SPENT THERE AND (3) REASON OR PURPOSE (e.g., military, service, business, education, recreation) Europe, Indonesia, Mexico, 1959-1949, pleasure and business				
21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATOR OF SHIRT RAIL, RADIO METER, TELETYPE COMPARATOR, RET. PUNCH, TURRET-LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES				
22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE FIRST LICENSE OR CERTIFICATE (YEAR) LATEST LICENSE OR CERTIFICATE (YEAR)				
23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION, SUCH AS (1) YOUR MORE IMPORTANT PUBLICATIONS (do not include copies unless requested) (2) YOUR PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (5) HONORS AND FELLOWSHIPS RECEIVED 2 published novels; short stories Guggenheim fellowship 1942-1947				
APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING SHORTHAND				

21. REFERENCES List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 15 (EXPERIENCE).

FULL NAME	PRESENT BUSINESS HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Westmore Willcox, Jr.	67 William St., New York City	Investments
Robert G. North	3247 Fremont Drive, Hollywood, Cal.	Textiles
Maj. J.K. Singlaub	"L" Bldg., Washington, D. C.	U.S. Army

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
22. MAY INCLUDE IN MANY OF YOUR PRESENT EMPLOYERS REGARDING YOUR CHARACTER QUALIFICATIONS, ETC?			25. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		X
23. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X		26. DOES THE UNITED STATES GOVERNMENT EMPLOY A CIVILIAN CAPACITY ANY RELATIVE (A) TO AS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?		X
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A. OR ANY COMMUNIST ORGANIZATION?		X	28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X	29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVERTISES THE OVERTHROW OF OUR CONSTITUTION, FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ASSASSINATING OR IMPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO ANY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNLAWFUL MEANS?		

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CBC Form 14, together with proof specified therein.

B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if approved, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X	
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?	X	
(D) DATE OF ENTRY OR ENTRIES INTO SERVICE	See below BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	
DATE OF SEPARATION OR SEPARATIONS	See below GRADE OR RATE (if none, give grade or rating at time of separation)	

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?	X	
(B) ARE YOU A DISABLED VETERAN?		X
If so, and you have not listed your disability in answer to Item 35, explain in Item 39 below		
(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?		X
(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH QUALIFIES HIM FOR MILITARY OR NAVAL SERVICE?		X

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 17, above has been verified by comparison with the discharge certificate on _____, 19____.

Agency: _____ File: _____

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO.	ANSWER	ITEM NO.	ANSWER
37a	Navy: July, 1943 - Oct. 1942 File 9732		
	Army: Oct. 1946 - Feb. 1946 Serial 0-37241		

If more space is required, use paper 17; use one on this page. Write on each sheet your name, address, date of birth, and occupation title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT _____

(Sign your name in INK (use given name, middle or Mrs. and if married, a initial or initials, and surname). If female, use own given name as "Mrs. Mary L. D.,"

PERSONNEL ACTION REQUEST

291

NAME H. T. Howard Howard, Jr.	CLASSIFICATION	INITIAL	DATE
	VICE	ojs	6/29/49
NATURE OF ACTION: Accepted Appointment	IA	✓	Cont # 291
	VV		CSC # 3112
	NEW		6-2-49 11/20/49
EFFECTIVE DATE	QUALIFICATION & REVIEW	INITIAL	DATE
8 Nov. 1949	2105902	ojs	6/29/49
	800-101	154	6/29/49
	John F. Kelly		
FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS LAST WORKING DAY:	APPROVED: C. W. [Signature] SIGNATURE EXECUTIVE		
FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY SIGNATURE OF EMPLOYEE	SIGNATURE EXECUTIVE FOR ARMY: J. F. Kelly SIGNATURE CHIEF, PERSONNEL BRANCH		

FROM		TO
TITLE		Intelligence Officer - 1st Lt (Editor)
GRADE AND SALARY		\$ 5-12-7600.00
OFFICE		min. 457.20 p.a.
BRANCH		Program Planning Staff
DIVISION		Group 11
SECTION		Editorial Prod Div
OFFICIAL STATION		
DEPT. or FIELD		Washington, D. C.

REMARKS:

Attached are 2 forms 57.
Security initiated 3 June 1949.

Searched 107 6/25/49

POSTED

6/15

RECOMMENDED: OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER	DATE
[Signature]	13 June 1949

CENTRAL INTELLIGENCE AGENCY
 NOTIFICATION OF PERSONNEL ACTION

P.C. 9/30/49
 (Inst) 130

1 NAME (MR - MISS - MRS - FIRST - MIDDLE INITIAL - LAST) Mr. Howard Hunt		2 DATE OF BIRTH 10/9/18	3 JOURNAL OR ACTION NO. #297	4 DATE 11/3/49
This is to notify you of the following action affecting your employment:				
5 NATURE OF ACTION (USE STANDARD TERMINOLOGY) Excepted Appointment		6 EFFECTIVE DATE 11/8/49	7 CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule A-6.116(b)	
FROM		TO		
8. POSITION TITLE Intelligence Officer, GS-13 (Editor)		9. SERVICE GRADE, SALARY GS-13, \$7600.00 per annum		
10. ORGANIZATIONAL DESIGNATIONS OPC Program & Planning Staff Program Group II Editorial Prod. Division		11. HEADQUARTERS Washington, D. C.		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12 FIELD OR DEPT L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. REMARKS Appointment is subject to the satisfactory completion of a trial period of one year. <i>Doc 08/16/53</i> <i>CSCOD } 11/08/49</i> <i>LCO }</i> <i>[Signature]</i> ROBERT B.J. HOPKINS Chief, Employees Division				
15. VETERAN'S PREFERENCE		16. POSITION CLASSIFICATION ACTION		
NONE	<input checked="" type="checkbox"/> 5 PT	10 POINT	WHI	WBI
		DISAB	WIFE	OTHER
			<input checked="" type="checkbox"/>	
17 SEX M	18 RACE W	19 APPROPRIATION FROM 2102900 TO 800-101	20 SUBJECT TO C.S. RETIREMENT ACT (YES-NO) Yes	21 DATE (ACCESSIONS ONLY) 6/2/49
		22 LEGAL REFERENCE 130		

PERSONAL HISTORY STATEMENT

- Instructions:**
1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
 2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? Yes
Yes or No

SEC. 1. PERSONAL BACKGROUND

A. FULL NAME Mr. Everotto Howard Hunt, Jr. Office: ---
(Use No Initials) Mr. Ext. ---
First Middle Last Everotto Howard Hunt, Jr. Home: 3-8218

PRESENT ADDRESS 30 Willett Street, Albany 6, New York, U.S.A.
St. & No. City State Country

PERMANENT ADDRESS 30 Willett Street, Albany 6, New York, U.S.A.
St. & No. City State Country

B. NICKNAME Howie **WHAT OTHER NAMES HAVE YOU USED?** Howard Hunt

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? nom de plume

HOW LONG? 7 years **IF A LEGAL CHANGE, GIVE PARTICULARS** -----

C. DATE OF BIRTH 10/9/18 **PLACE OF BIRTH** Hamburg, N.Y., U.S.A.
Where? By What Authority
City State Country

D. PRESENT CITIZENSHIP USA **BY BIRTH?** Yes **BY MARRIAGE?** ---
Country

BY NATURALIZATION CERTIFICATE # --- **ISSUED** --- **BY** ---
Date Court

AT --- City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? No
Yes or No Country

HELD BETWEEN WHAT DATES? --- **TO** --- **ANY OTHER NATIONALITY?** ---
Country

GIVE PARTICULARS not applicable

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? No **GIVE PARTICULARS:**
not applicable

E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? _____

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U.S. VISA _____
Number Type Place of Issue Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE 30 SEX Male HEIGHT 5' 10 1/2" WEIGHT 168

EYES Blue HAIR Brown COMPLEXION Fair SCARS right eyebrow

BUILD medium OTHER DISTINGUISHING FEATURES None

SEC. 3. MARITAL STATUS

A. SINGLE MARRIED _____ DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____
not applicable

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNULMENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE not applicable
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE _____

HIS (OR HER) ADDRESS BEFORE MARRIAGE _____
St. & No. City State Country

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOV'T. SERVICE, U.S. OR FOREIGN _____

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) None

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Evaratto Howard Hunt
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS 30 Willott street, Albany 6, N.Y., USA
St. & No. City State Country

DATE OF BIRTH 15 Dec 188 PLACE OF BIRTH Hamburg, New York, USA
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? _____
City State Country

OCCUPATION Lawyer LAST EMPLOYER Self

EMPLOYER'S OR OWN BUSINESS ADDRESS 11 NORTH PEARL ST. ALBANY, N.Y.
St. & No. City State Country

MILITARY SERVICE FROM 1916 TO 1918 BRANCH OF SERVICE Air Service, SC
Date Date

COUNTRY USA DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.
not applicable

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Ethel Jean Hunt
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 30 Willott Street, Albany 6, New York, USA
St. & No. City State Country

DATE OF BIRTH 15 March 191 PLACE OF BIRTH Canal Dover, Ohio

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

OCCUPATION Homemaker LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____

COUNTRY _____ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.
not applicable

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

1. FULL NAME not applicable AGE _____
First Middle Last

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

2. FULL NAME _____ AGE _____
First Middle Last

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

3. FULL NAME _____ AGE _____
First Middle Last

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

4. FULL NAME _____ AGE _____
First Middle Last

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

5. FULL NAME _____ AGE _____
First Middle Last

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

SEC. 8. FATHER-IN-LAW

FULL NAME not applicable
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

SEC. 12. EDUCATION

ELEMENTARY SCHOOL Hamburg PS ADDRESS Hamburg, N.Y., USA
City State Country
 DATES ATTENDED 1924-1932 GRADUATE? Yes
 HIGH SCHOOL Hamburg High School ADDRESS Hamburg, N.Y., USA
City State Country
 DATES ATTENDED 1932-1936 GRADUATE? Yes
 COLLEGE Brown University ADDRESS Providence 12, R.I., USA
City State Country
 DATES ATTENDED 1936-1940 DEGREE A.B.
 COLLEGE _____ ADDRESS _____
City State Country
 DATES ATTENDED _____ DEGREE _____

SEC. 13. MILITARY, NAVAL OR OTHER GOV'T SERVICE — U.S. OR FOREIGN

USA USAAF 1st Lt. 1943-1946
Country Service Ensign Date of Service
 USA USNR _____ 1940-1942
 HQ Det. 202, OSS China 0-587241 _____
Last Station Serial No. Type of Discharge
 REMARKS: _____
 SELECTIVE SERVICE BOARD NUMBER Hona ADDRESS _____
 IF DEFERRED GIVE REASON _____
 INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS _____
not applicable

SEC. 14. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST.

1. FROM May, 1948 to February, 1949
 EMPLOYING FIRM OR AGENCY Economic Cooperation Administration
 ADDRESS 2 rue St. Florentin, Paris 1, France
St. & No. City State Country
 KIND OF BUSINESS Public Relations NAME OF SUPERVISOR J. E. Fleming
 TITLE OF JOB U.S. Media Specialist SALARY: 3420. PER Year
 YOUR DUTIES general PR work plus speech writing for Ambassador Harriman; film production.
 REASONS FOR LEAVING my publishing affairs deteriorated to such an extent that my presence in America became imperative for financial reasons.
 2. FROM January, 1943 to October, 1943
 EMPLOYING FIRM OR AGENCY TIME, Inc.

ADDRESS Rockefeller Plaza, New York, New York, USA
St. & No. City State Country

KIND OF BUSINESS Publishing NAME OF SUPERVISOR DAN Longwell

TITLE OF JOB War Correspondent SALARY \$ 150. PER week

YOUR DUTIES Report on South Pacific campaign

REASONS FOR LEAVING To re-enter military service

3. FROM October, 1942 TO January, 1943

EMPLOYING FIRM OR AGENCY The March of Time (TIME, Inc.)

ADDRESS 362 Lexington Avenue, New York 16, New York, USA
St. & No. City State Country

KIND OF BUSINESS documentary films NAME OF SUPERVISOR Louis de Rochemont

TITLE OF JOB Script writer SALARY \$ 150. PER week

YOUR DUTIES Write Naval training films and assist on monthly release.

REASONS FOR LEAVING Opportunity to return to a combat zone for LIFE.

4. FROM _____ TO _____

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
St. & No. City State Country

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

5. FROM _____ TO _____

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
St. & No. City State Country

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

SEC. 15. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No

SEC. 16. GIVE FIVE CHARACTER REFERENCES — IN THE U.S. — WHO KNOW YOU INTIMATELY — (GIVE RESIDENCE AND BUSINESS ADDRESSES WHERE POSSIBLE.)

- | | Street and Number | City | State |
|--------------------------|--|------|-------|
| 1. Mr. Murray Sprouse | BUS. ADD. State Bank of Albany, N.Y.
RES. ADD. 321 State Street, Albany, N.Y. | | |
| 2. Mr. Chester T. Hubble | BUS. ADD. Hubble Lumber Co., Albany, NY,
RES. ADD. Loudonville, New York | | |
| 3. Hon. Westmore Willcox | BUS. ADD. 63 William St., New York 5, NY
RES. ADD. East End Avenue, New York, N.Y. | | |
| 4. Dr. Bruce Bigelow | BUS. ADD. Brown University, Providence, R.I.
RES. ADD. Brown University, Providence, R.I. | | |
| 5. Dr. R. C. Noyes | BUS. ADD. Brown University, Providence, R.I.
RES. ADD. 164 Anthony St., Providence, R.I. | | |

SEC. 17. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES — NOT REFERENCES, SUPERVISORS OR EMPLOYERS — (Give residence and business addresses where possible.)

- | | Street and Number | City | State |
|--------------------------------|--|------|-------|
| 1. Hon. Archibald Douglas, Jr. | BUS. ADD. 120 Broadway, New York, New York
RES. ADD. 455 E. 57th St., New York, N.Y. | | |
| 2. Hon. MacNeil Mitchell | BUS. ADD. 36 W. 14th Street, New York, NY
RES. ADD. 137 East 35th St., New York, N.Y. | | |
| 3. Mr. Franklin A. Lindsay | BUS. ADD. "L" Bldg., Washington, D. C.
RES. ADD. 3416 Que St., Washington, DC | | |
| 4. Mr. Robert G. North | BUS. ADD. 1719 North McCaddon Place, Hollywood
RES. ADD. 3947 Fredonia Dr., Hollywood, Cal. | | |
| 5. Maj. J. K. Sinlaub | BUS. ADD. "L" Bldg., Washington, D. C.
RES. ADD. 5509 Johnson Ave., Bethesda, Md. | | |

SEC. 18. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U.S. — (Give residence and business addresses where possible.)

	Street and Number	City	State
1. <u>Mr. J. Stanley Davis</u>	BUS. ADD. <u>3 Englewood Place</u>	<u>Albany</u>	<u>N.Y.</u>
	RES. ADD. <u>90 State St.</u>	<u>Albany</u>	<u>N.Y.</u>
2. <u>Mr. Peter Kiernan, Jr.</u>	BUS. ADD. <u>5 Englewood Place</u>	<u>Albany</u>	<u>N.Y.</u>
	RES. ADD. <u>120 State Street</u>	<u>Albany</u>	<u>N.Y.</u>
3. <u>Bishop P. L. Barry</u>	BUS. ADD. <u>----</u>		
	RES. ADD. <u>32 Willott Street</u>	<u>Albany</u>	<u>N.Y.</u>

SEC. 19. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? No IF NOT, STATE SOURCES OF OTHER INCOME Royalties from book publishing

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS State Bank of Albany, N.Y.

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No
GIVE PARTICULARS, INCLUDING COURT: Not applicable

D. GIVE THREE CREDIT REFERENCES — IN THE U.S.

1. NAME Brooks Brothers ADDRESS 346 Madison Ave., New York, N.Y.
St. & No. City State

2. NAME Abercrombie & Fitch ADDRESS Madison Avenue, New York, N.Y.
St. & No. City State

3. NAME Hotels Statler ADDRESS New York, New York
St. & No. City State

SEC. 20. RESIDENCES FOR THE PAST 15 YEARS

FROM <u>1941</u> TO <u>Present</u>	<u>30 Willott Street, Albany 6, N.Y.</u>	<u>USA</u>
	St. No. City State Country	
FROM <u>1937</u> TO <u>1941</u>	<u>125 Lancaster Ave., Buffalo, N.Y.</u>	<u>USA</u>
	St. No. City State Country	
FROM <u>1918</u> TO <u>1937</u>	<u>55 Maple Avenue, Hamburg, New York</u>	<u>USA</u>
	St. No. City State Country	
FROM _____ TO _____	St. No. City State Country	
FROM _____ TO _____	St. No. City State Country	
FROM _____ TO _____	St. No. City State Country	
FROM _____ TO _____	St. No. City State Country	

SEC. 21. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM <u>June 139</u> TO <u>Sept. 1950</u>	<u>Europe</u>	<u>Plazauma</u>
	City or Section Country Purpose	
FROM <u>March 147</u> TO <u>July 147</u>	<u>Mexico</u>	<u>Guggenheim Fellowship</u>
	City or Section Country Purpose	
FROM <u>June 148</u> TO <u>Feb. 149</u>	<u>Europe</u>	<u>Business</u>
	City or Section Country Purpose	

FROM _____	TO _____	City or Section _____	Country _____	Purpose _____
FROM _____	TO _____	City or Section _____	Country _____	Purpose _____
FROM _____	TO _____	City or Section _____	Country _____	Purpose _____

B. LAST U.S. PASSPORT - NUMBER, DATE, AND PLACE OF ISSUE: _____

Diplomatic 4267, 10 June, 1943, Washington

HOW MANY OTHER U.S. PASSPORTS HAVE YOU HAD? Two GIVE APPROXIMATE

DATES: May, 1939 January, 1943

PASSPORTS OF OTHER NATIONS: _____

SEC. 22. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. Zeta Psi Fraternity, Epsilon; Providence, R.I., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: February 1937 to present
2. Brown University Club; 86 Park Ave., New York, N.Y., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: 1942 to present
3. Army & Navy Club, 1627 "I" St., Washington 6, D.C., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: June, 1948 to present
4. Fort Orange Club, 110 Washington Ave., Albany 6, N.Y., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: February, 1946 to present
5. Albany Country Club, Albany 3, N.Y., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: May, 1947 to November, 1948
6. Authors League of America, 6 E. 39th St., New York, N.Y., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: 1942 to present
7. Screen Writers Guild, 1655 North Cherokee, Hollywood, Cal., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: 1947 to present
8. American Legion, Fort Orange Post, Albany, N.Y., USA
 1942 to present

SEC. 23. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT" "FAIR" OR "FLUENT")

LANGUAGE Spanish SPEAK slight READ fluent WRITE fair

LANGUAGE French SPEAK fair READ fluent WRITE slight

LANGUAGE German SPEAK ----- READ slight WRITE -----

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

Swimming - excellent Music (piano) - fair

Tennis - fair

Trap shooting - good

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

Wartime OSS service as CBI Reports Officer

Graduate AAF Combat Intelligence School

Lecturer on Psychological Warfare at Army-Navy Staff College

D. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1939:

Economic Cooperation Administration

E. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Office of Strategic Services - December, 1944

ECA - June, 1943

SEC. 24. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OR, OR HAVE YOU SUPPORTED ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES", EXPLAIN: No

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT EXTENT? Moderately

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

No

SEC. 25. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Mrs. E. H. Hunt RELATIONSHIP Mother

ADDRESS 30 Willatt Street, Albany 6, New York, USA
St. & No. City State Country

SEC. 26. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

No

SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Albany, New York

City and State

DATE May 11, 1949

Robert Dickson

Witness

67-111 St. Albany, NY

Ernest Howard Hunt

Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

14. Time unaccounted for in the Employment History was spent either in College, Military or Naval Service or in creative writing.
14. 1 Salary stated is inclusive of allowances.
19. A To date I have published 4 novels, one of which deals in part with OSS activities in Europe and the Far East during the war. In past years I have contributed to LIBERTY, THE NEW YORKER, and COSMOPOLITAN. My royalties yield me an average of \$3,000 a year above my salary. A fifth novel is to be published in August, 1949, and this year an estimated 1 million copies of two books in pocket editions will be in circulation.
22. American War Correspondents Association, 13 West 54th Street, New York, New York
23. C At the request of the Allied High Commissioner for Austria, Lt. Gen. Geoffrey Keyes, I was placed on assignment in Vienna to the ECA Special Mission for the purpose of writing and producing an official U.S. documentary film directed at the Anti-communist elements of Austria, and specifically toward Austrian labor groups. The film has received wide distribution in all Allied zones except the Russian Zone, and its showing at the Vienna Fair, I have been informed, was the subject of an official Russian protest. I was solely responsible for the creation of this film, MIT VERBINTEN ISARPTEN.

SECURITY APPROVAL

CONFIDENTIAL

To : ~~XXXXXXXXXXXX~~ Deputy Personnel Officer Date: 30 September 1949
 From : Chief of Inspection and Security Number: 23600
 Subject: HUNT, Evorette Howard, Jr.

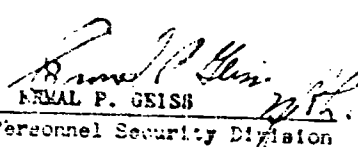
1. Note "X" below:

Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

2. Memorandum dated 3 June 1949 stated Subject is an applicant for OPC.

LS

 ROYAL P. GEISS
 Chief, Personnel Security Division

CONFIDENTIAL

PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
 2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? _____
 Yes or No

SEC. 1. PERSONAL BACKGROUND

Telephone: _____
 Office: _____
 A. FULL NAME ^{Mrs} ~~Mr.~~ EVERETTE HOWARD HUNTER ^{Ext.} _____
(Use No Initials) ~~Mrs.~~ ^{First} ^{Middle} ^{Last} Home: _____

PRESENT ADDRESS _____
St. & No. City State Country

PERMANENT ADDRESS _____
St. & No. City State Country

B. NICKNAME _____ WHAT OTHER NAMES HAVE YOU USED? _____

_____ UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? _____

HOW LONG? _____ IF A LEGAL CHANGE GIVE PARTICULARS _____

Where? _____ By What Authority _____
 C. DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

D. PRESENT CITIZENSHIP _____ BY BIRTH? _____ BY MARRIAGE? _____
Country

BY NATURALIZATION CERTIFICATE / _____ ISSUED _____ BY _____
Date Court

AT _____
City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? _____
Yes or No Country

HELD BETWEEN WHAT DATES? _____ TO _____ ANY OTHER NATIONALITY? _____
Country

GIVE PARTICULARS _____

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? _____ GIVE PARTICULARS: _____

E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? _____
 PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____
 LAST U.S. VISA _____
Number Type Place of Issue Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE _____ SEX _____ HEIGHT _____ WEIGHT _____
 EYES _____ HAIR _____ COMPLEXION _____ SCARS _____
 BUILD _____ OTHER DISTINGUISHING FEATURES _____

SEC. 3. MARITAL STATUS

A. SINGLE _____ MARRIED DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULLMENTS _____
 NOT APPLICABLE

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNULMENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE DOROTHY LOUISE WETZEL HUNT
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE MILLBROOK NEW YORK SEPT 7-1944

HIS (OR HER) ADDRESS BEFORE MARRIAGE 9/6 ECA PARIS FRANCE
St. & No. City State Country

LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 30 WILLET ST ALBANY NY USA
St. & No. City State Country

DATE OF BIRTH APR 1-1920 PLACE OF BIRTH DAYTON OHIO USA
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____
City State Country

OCCUPATION HOUSE WIFE LAST EMPLOYER ECR PARIS FRANCE

EMPLOYER'S OR BUSINESS ADDRESS NOT APPLICABLE
St. & No. City State Country

MILITARY SERVICE FROM NOT TO APPLICABLE BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U.S. OR FOREIGN
 US DEPT OF STATE JULY 1944 - JAN 1946 - BERN 3/44
 US TREASURY DEPT APR 1946 - MAY 1947 - SHAKHOU, CHINA
 ECA APR 1948 - AUG 1949 - PARIS, FRANCE

NOTE WIFE'S FUR MARRIED NAME 'GOUTIERE'

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) *NOT APPLICABLE*

1. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOVT SERVICE, U.S. OR FOREIGN.

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) *NOT APPLICABLE*

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____
CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN. _____

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

OCCUPATION _____ LAST EMPLOYER _____
 EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country
 MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
 COUNTRY _____ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

1. FULL NAME _____ AGE _____
First Middle Last
 PRESENT ADDRESS _____
St. & No. City State Country Citizenship
 2. FULL NAME _____ AGE _____
First Middle Last
 PRESENT ADDRESS _____
St. & No. City State Country Citizenship
 3. FULL NAME _____ AGE _____
First Middle Last
 PRESENT ADDRESS _____
St. & No. City State Country Citizenship
 4. FULL NAME _____ AGE _____
First Middle Last
 PRESENT ADDRESS _____
St. & No. City State Country Citizenship
 5. FULL NAME _____ AGE _____
First Middle Last
 PRESENT ADDRESS _____
St. & No. City State Country Citizenship

SEC. 8. FATHER-IN-LAW

FULL NAME ALBERT CHARLES WETZEL
First Middle Last
 LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____
 PRESENT, OR LAST, ADDRESS 90 NCR DAYTON OHIO USA
St. & No. City State Country
 DATE OF BIRTH JUNE 27 1891 PLACE OF BIRTH DAYTON OHIO USA
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____
NOT APPLICABLE
 CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____
City State Country
 OCCUPATION NATIONAL GUARDIAN REGISTER LAST EMPLOYER DAYTON, OHIO

SEC. 9. MOTHER-IN-LAW

FULL NAME JEANNETTE ELNER DAVIS
First Middle Last

LIVING OR DECEASED LIVING DATE OF DECEASE — CAUSE —

PRESENT, OR LAST, ADDRESS 187 HAWTHORNE AVE SARASOTA
St. & No. City State Country FLA

DATE OF BIRTH SEPT 4-1891 PLACE OF BIRTH DAYTON, OHIO USA

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED BIRTH WHERE? —
City State Country

OCCUPATION RECEPTIONIST LAST EMPLOYER SARASOTA HOSPITAL

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES: NOT APPLICABLE

1. NAME — RELATIONSHIP — AGE —

CITIZENSHIP — ADDRESS —
St. & No. City State Country

2. NAME — RELATIONSHIP — AGE —

CITIZENSHIP — ADDRESS —
St. & No. City State Country

3. NAME — RELATIONSHIP — AGE —

CITIZENSHIP — ADDRESS —
St. & No. City State Country

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT. NOT APPLICABLE

1. NAME — RELATIONSHIP — AGE —

CITIZENSHIP — ADDRESS —
St. & No. City State

TYPE AND LOCATION OF SERVICE (IF KNOWN) —

2. NAME — RELATIONSHIP — AGE —

CITIZENSHIP — ADDRESS —
St. & No. City State

TYPE AND LOCATION OF SERVICE (IF KNOWN) —

3. NAME — RELATIONSHIP — AGE —

CITIZENSHIP — ADDRESS —
St. & No. City State

TYPE AND LOCATION OF SERVICE (IF KNOWN) —

SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT SARASOTA, FLA.
City and State

DATE 11 Oct. 1949

Jeannette Davis
Witness

E. Howard Hunt
Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME: ~~XXXXXXXXXXXXXXXXXXXX~~ E. Howard Hunt DATE: 22 August 1950

NATURE OF ACTION: Appointment EFFECTIVE DATE: ~~10 December 1950~~ -27 August 1950 10 Dec. 1950

TITLE	FROM	TO
GRADE AND SALARY		Intelligence Officer II -Chief of Station
OFFICE		GS-13 \$7,600 p.a.
DIVISION		OPC
BRANCH		Latin America
OFFICIAL STATION		Operations
		Mexico, MEXICO CITY

QUALIFICATIONS: APPROVAL FOR ASSISTANT DIRECTOR ^{insert 50} EXECUTIVE

CLASSIFICATION: Joseph S. Ruff PERSONNEL OFFICER C. D. Hulick EAD/OPC

~~Amelia J. Roman~~ ~~W. J. / by law~~

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES NO

DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON 11 December 1950

SECURITY CLEARED ON 7 December 1950 7 December 1950

OVERSEAS AGREEMENT SIGNED 11 December 1950

ENTERED ON DUTY 10 December 1950

Chloie D. Hudson
SIGNATURE OF AUTHENTICATING OFFICER

REMARKS:

Charge to Mexico slot #1, JBEDICT
 Budgetary allotment IA #3
~~Transfer annual & sick leave from unnumbered funds~~
~~from unnumbered funds~~

Transfer annual & sick leave from unnumbered funds. ✓ E.H. Sari

COPY IN PAYROLL FILES
 CONFIDENTIAL FUNDS BRANCH
 JWS

W. J.

APPOINTMENT AFFIDAVITS

IMPORTANT.— Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

..... Central Intelligence Agency Washington, D. C.
(Department or agency) (Bureau or division) (Place of employment)

I, E. Howard Hunt, Jr., do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

11 Dec 1950 E. Howard Hunt, Jr.
(Date of entrance on duty) (Signature of appointee)

Subscribed and sworn before me this 11th day of December, A. D. 1950,
at Washington D. C.
(City) (State)

[SEAL]

..... Clifford D. Anderson
(Signature of officer)
..... Clifford D. Anderson
(Title)

NOTE.— If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)			
2. (A) DATE OF BIRTH		(B) PLACE OF BIRTH (city or town and State or country)	
3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY E. H. HUNT		(B) RELATIONSHIP Father	(C) STREET AND NUMBER, CITY AND STATE 30 Willett St. Albany, N.Y.
		(D) TELEPHONE NO. 3-6218	

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? YES NO
If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED	SINGLE (Check one)

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	ITEM NO.	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?				
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>				
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.</i>				
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.</i>				
9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED 45 OR LESS, OR FORFEITED COLLATERAL OF 25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT? <i>If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i>				

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and rules of Congress pertaining to appointment.

This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) **Identity of appointee.**—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and other pertinent papers. If the appointee qualified in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) **Age.**—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) **Citizenship.**—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appointment acts. Form 61 constitutes an affidavit for both purposes and is a verifiable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) **Members of Family.**—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under preferential or permanent appointment in the competitive service, no other member of such family is eligible for preferential or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

SECRET

MR file

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME R. Howard Hunt, Jr.		DATE 13 December 1950
NATURE OF ACTION Integration		EFFECTIVE DATE 13 December 1950

	FROM	TO
TITLE	Intelligence Officer GS-13	Attache FSR-4
GRADE AND SALARY	GS-13 \$7,600.00	FSR-4 \$7,830.00 e
OFFICE	OPC	OPC
DIVISION	IA	IA
BRANCH		
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico

QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER <i>See memo</i>	

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES NO

DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____

SECURITY CLEARED ON _____

OVERSEAS AGREEMENT SIGNED _____

ENTERED ON DUTY _____

SIGNATURE OF AUTHENTICATING OFFICER

REMARKS:

Subject is due a lump sum payment for annual leave to be paid up to 12 December 1950.

POSTED
Jan 16 1951

File

SECRET

Agreement

AGREEMENT made this 17th day of December, 1950, effective the 17th day of December, 1950, by and between the United States of America (hereinafter referred to as the Government), as represented by the Central Intelligence Agency, and E. Howard Hunt, Jr. (hereinafter referred to as the Employee).

RECITALS

A. The Government desires the services of the Employee for CIA under circumstances requiring the Employee to receive [redacted] and proposes to send the Employee overseas to Mexico for operations in the general area of [redacted].

B. The Employee desires as an employee of the Government to serve CIA abroad under the supervision and control of the Assistant Director for Special Operations, CIA (ARSO) and is willing to accept a designation [redacted] with the obligations thereof.

In consideration of the premises, the mutual covenants and promises herein contained, and for other good and valuable considerations, the parties hereto agree as follows:

[redacted]

[redacted]

[redacted]

ination.

SECRET

~~SECRET~~

SECRET

2. [redacted] and certain other key members of his staff will know about the Employee's status and relationship under the terms of the [redacted]

[redacted] Other personnel may discover that there are certain irregularities in travel orders, position numbers, pay accounts, and other internal administrative procedures [redacted]. Nevertheless, the Employee shall not divulge his relationship to CIA except with the expressed approval of the ADSO. While serving abroad, he shall for normal administration be under the control of the Chief of the [redacted] to which he is attached, but for operations, including travel as specified below, he shall be under the control of CIA.

3. The travel of the Employee shall be governed as follows:

(a) For temporary duty outside the continental limits of the United States within or beyond the Employee's stipulated area, he shall perform CIA operational travel as directed by the ADSO or his designee with the consent of the Chiefs of the [redacted] involved. TD travel customary and necessary in the performance of routine [redacted] functions may be performed without clearance from the ADSO/ADIC

(b) For any travel to the United States, either temporary duty or permanent change of station, the Employee shall travel only at the direction of the ADSO after clearance has been arranged through [redacted] in Washington.

(c) All travel will be directed and performed in accordance with [redacted]

4. Although the Employee's [redacted] title, location, appointment, [redacted] and other pertinent information may be published in [redacted] list and other publications of [redacted] such listings shall not affect his employment and the obligations and duties stipulated in this contract.

5. All payments to be made under this contract, including reimbursement for travel expenses, shall be made to the Employee by [redacted] except payments referred to in ARTICLE II, Section 4.

SECRET

SECRET

ARTICLE II. Relationship of Employee to CIA. Although for all intents and purposes it will appear as though the Employee is employed by [redacted] as indicated in ARTICLE I above, he shall in fact be employed by and under the operational control of CIA. In so far as possible, he will be expected to abide by the rules, regulations, customary practices, and courtesies of the [redacted] but his ultimate responsibility will be to CIA. In the event of any conflict of authority in the field between the [redacted] and CIA, the matter shall be referred to the ADSQ for resolution.

1. The line of authority for the Employee shall be as follows:

(a) Senior Representative of [redacted]

(b) [redacted] in Washington.

(c) Chief of Operations, [redacted] DPC

(d) ADSQ: ADPC

(e) Director of CIA.

2. All travel shall be directed by the ADEO^{DPC} in accordance with ARTICLE I, Section 3. The Employee shall request appropriate [redacted] clearance for travel through the Senior [redacted] who shall be responsible for arranging such clearance.

3. It is understood and agreed that the Employee's overseas assignment is to be for a minimum period of two years from the date of his arrival at his overseas post of duty, unless terminated by the Government for its convenience. If the assignment is terminated in less than twenty-four months at the Employee's request, the following shall prevail:

(a) If the Employee resigns in less than twelve months from the date of his arrival at his overseas post of duty, he shall reimburse CIA for all travel expenses involved in the transportation of himself, his immediate family, household goods, and personal effects to the foreign station, and pay all such expenses for return to the United States. Such expenses for return to the United States and amounts expended by the Government on account of such travel and transportation shall be considered a debt due by the Employee to the United States.

(b) If the Employee desires to terminate between the twelfth and twenty-fourth month from the date of his arrival at his overseas post of duty, he shall pay all expenses for the travel and transportation of himself, his immediate family, household goods, and personal effects to the United States.

SECRET

4. If deemed necessary by CIA, the Employee may be reimbursed or advanced funds for operational expenses. Such amounts must be advanced or reimbursement made in accordance with CIA regulations, which require a full accounting of the amounts expended by the Employee. Therefore, the Employee will be required to account fully for any such funds advanced or reimbursed in accordance with CIA regulations.

ARTICLE III. Overseas Allowances and Transportation Expenses. When specifically authorized by the ADBO, the expenses of travel and transportation of the Employee, his immediate family, household goods and effects, including personally owned automobile and other allowances, will be paid the Employee in accordance with the

When authorized by the ADBO, the Employee shall be paid a quarters allowance, cost of living allowance, or special foreign living allowance in accordance with and regulations issued thereunder. The amount of quarters and cost of living allowances and the special foreign living allowance is set forth in Bureau of the Budget Circular A-8, which is amended periodically to reflect adjustments in price indexes. Therefore, such allowances will be subject to change, and the amounts paid will vary according to Budget Circular A-8.

ARTICLE IV. Annual and Sick Leave. The Employee shall be permitted annual leave, sick leave, and leave of absence in accordance with the Employee may be granted not to exceed sixty calendar days annual leave of absence with pay in each year. Annual leave which the Employee may receive and which is not used in any one year shall be accumulated for succeeding years until it totals 180 days. Sick leave with pay may be granted to the Employee at the rate of fifteen calendar days each calendar year and may be accumulated for succeeding years until it totals 120 days.

1. If the Employee is transferred from another Government Agency to this position, any annual or sick leave standing to his credit in such Agency, may be transferred, if appropriate, in accordance with E. O. 9837, 27 March 1947, issued pursuant to

ARTICLE V. Return to the United States. The Employee shall be ordered to the United States on leave of absence or permanent change of station upon completion of two years continuous service abroad or as soon as possible thereafter.

SECRET

ARTICLE VI. Retirement. The Employee occupies a position within the purview of the Civil Service Retirement Act. Accordingly, deductions shall be made at the rate provided by law (presently 5%) from the Employee's basic salary and placed in the Civil Service Retirement Fund. The Employee may not avail himself of the provisions of [redacted]

ARTICLE VII. Medical Care and Hospitalization. In the event of illness or injury to the Employee requiring hospitalization not the result of vicious habits, intemperance, or misconduct on his part, and incurred in the line of duty while assigned abroad, the expenses of treatment of such illness or injury at a suitable hospital or clinic, or transportation expenses to such hospital or clinic may be paid by the Government in accordance with [redacted]. Under appropriate regulations, a physical examination of the Employee will be made, together with necessary inoculations, or vaccinations, or the expense thereof will be paid to the Employee.

1. In the event of the death or disability of the Employee, the Employee or his dependents shall be afforded the benefits of the United States Employees' Compensation Act of 7 September 1916, as amended.

ARTICLE VIII. Equipment. The Employee may be furnished technical equipment and supplies to assist in the rendition of services hereunder, including an automobile where necessary. The Employee shall be responsible for such equipment and supplies issued to him by CIA in accordance with CIA Property Regulations. All such material shall remain the property of the Government regardless of any apparently conflicting ownership or the manner of registration.

ARTICLE IX. Salary. The Employee shall receive a basic salary of \$[redacted] per year in accordance with [redacted]. In-class promotions shall be granted to the Employee in accordance with regulations established in [redacted]. Other changes in status will be made only as specifically authorized by the ADSO. ADPC

ARTICLE X. Continuance of Pay and Allowances. If the Employee is determined by CIA to be absent in a status of "Missing", "Missing in Action", "Interned in a Neutral Country", "Captured by an Enemy", "Beleaguered", or "Besieged", he shall for the period he is determined to be in any such status be entitled to receive or to have credited to his account the same pay and allowances to which he was entitled at the beginning of such period of absence. Continuance of pay and allowances as specified above shall be as prescribed in the Missing Persons Act of 1942 (50 U.S.C.A. App 1001-1015, 7 March 1942).

ARTICLE XI. General. The Employee shall comply with the following provisions, and violation thereof by the Employee shall be deemed a breach of this contract.

1. In participating in the programs and activities of any private organization, the Employee shall make it clear that [redacted] has no official connection with such organization and that it does not sponsor or sanction the viewpoints which he may express. In general, his relations with private organizations shall be governed by applicable [redacted]

2. Neither the Employee nor the members of his family shall act as correspondents for American or foreign newspapers, press syndicates, or associations unless special authorization has been obtained in advance from the ADSO. He shall not write for publication any article or other manuscript on political or controversial subjects. Articles or manuscripts on nonpolitical or noncontroversial subjects shall be submitted to the ADSO for review and approval prior to their submission to a publisher.

3. Neither the Employee nor members of his family shall correspond privately on personnel or other official matters with members of Congress, or officers in [redacted] CIA, or other Governmental agencies.

4. Members of the Employee's family shall not be employed in the same [redacted] office except during grave emergencies or when special authorization has been obtained in advance of employment from [redacted] and CIA.

5. Before contracting marriage with a person of foreign nationality, the Employee shall request and obtain permission from the appropriate officials in [redacted] and CIA. Any such marriage with an alien without obtaining advance permission shall be deemed a breach of this contract and shall result in termination of service with the Government.

SECRET

6. In the event the Employee desires to resign from the service overseas, he shall submit a written resignation addressed to the ADSO, who will take appropriate steps to clear the matter with [redacted]

ARTICLE XII. Security. This contract contains information affecting the national defense of the United States within the meaning of the Espionage Act (50 U.S.C. 31 and 32, as amended). Its transmission or the revelation of its contents in any manner to an unauthorized person is prohibited by law. Violation of this ARTICLE or any security agreement signed by the Employee with the Government shall result in immediate disciplinary action, which may include suspension, separation from Government service, and may subject the Employee to criminal prosecution under the Espionage Act.

1. The termination of this contract will not release the Employee from the provisions of any security oaths which he may be required to take by CIA.

2. The Employee shall not publish, transmit, or divulge in any manner, information received by him as the result of his employment by the Government under this contract without specific written authority from the Director, CIA.

ARTICLE XIII. Orders and Directives. Orders and Directives received by the Employee from competent authority, including instructions received in briefing and training, shall be complied with by the Employee. No promises or commitments to the Employee of any nature whatsoever, beyond and in addition to the terms hereof, shall be binding on the Government unless and until such promise or commitment is reduced to writing and approved by an authorized official of CIA, and such writing placed with this contract thereby becoming an amendment hereto.

ARTICLE XIV. Amendments. The Government may at any time amend this contract and may terminate this contract upon thirty day prior notice to the Employee. If the Government proposes to amend this contract by reducing the salary provided for in ARTICLE IX (including class promotions, or other authorized increases, if any) and such reduction is unacceptable to the Employee, resignation by the Employee for such reason shall be considered as a termination of this contract for the convenience of the Government. Where the Employee is directed to proceed to a new post on a permanent change of station by the ADSO, this contract will be deemed to have been amended to the extent of such change.

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SECRET

ARTICLE XV. Special Provisions. The following special provisions shall apply to the Employee under this contract:

In the event any of the provisions in this Article are inconsistent with the provisions of any other Article in this contract, the provisions of this Article XV, shall govern and be determinative of the rights and obligations under this contract.

UNITED STATES OF AMERICA

WITNESS:

Joseph S. Kelly
(~~Chief, Overseas Branch~~)
CHIEF, OVERSEAS BRANCH

APPROVED:

[Signature]
Chief of Operations

[Signature]
Assistant Chief of Special Operations

BY: J. C. Chibinski
~~Chief, Overseas Branch~~
CHIEF, EMPLOYEES DIVISION
E. Howard [Signature]
(Employee)

SECRET

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION (1ag)

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIALS, AND SURNAME) Mr. Edward Hunt		2. DATE OF BIRTH 9 Oct. 1918	3. JOURNAL OR ACTION NO. 74057	4. DATE 30 Dec. 1950
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Resignation*		6. EFFECTIVE DATE 9 Dec. 1950	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY COB	
FROM		TO		
Intelligence Officer GS-13 (Editor) GS-13-130-\$7600.00 per annum OPC Program & Planning Staff Program Group II Editorial Prod. Division Washington, D. C.		8. POSITION TITLE		
		9. SERVICE, SERIES, GRADE, SALARY		
		10. ORGANIZATIONAL DESIGNATIONS		
		11. HEADQUARTERS		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> S-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. OTHER <input type="checkbox"/>	NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input checked="" type="checkbox"/> REAL <input type="checkbox"/> Da-72971 CSC/3112 6/2/49			
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 2115900 TO: 801-101	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINTMENT OF AFFIDAVIT (ACCESSIONS ONLY)
				20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
* To accept other employment.				
LHD: 12/8/50 LSL: 155 hrs., 12/11/50 thru 11:30 am, 1/9/51.				
ENTRANCE EFFICIENCY RATING:		H. C. CLINKSCALE Employee Division 22. SIGNATURE OR OTHER AUTHENTICATION		

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME: E. Howard Hunt (Integree) DATE: 16 May 1951

NATURE OF ACTION: Promotion EFFECTIVE DATE: 10 June 1951

	FROM	TO
TITLE	Attache (I.O.) FSR-4 (GS-13)	Attache (I.O.) FSR-4 (GS-14)
GRADE AND SALARY	FSR-4 \$7830.00 (GS-13) \$7800 per annum	FSR-4 \$7830.00 (GS-14) \$8800 per annum
OFFICE	OPC	OPC
DIVISION	LA	LA
BRANCH		
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico

QUALIFICATIONS: APPROVAL FOR ASSISTANT DIRECTOR EXECUTIVE

CLASSIFICATION: 842 PERSONNEL OFFICER

Arthur J. Thomas *H. C. [unclear] 5.6/51*

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES NO

DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON

SECURITY CLEARED ON

OVERSEAS AGREEMENT SIGNED

ENTERED ON DUTY

SIGNATURE OF AUTHENTICATING OFFICER

REMARKS:

Slot #1 - JBEDICT-Mexico
Semi-covert

Difference between \$8800 and \$7830 to be paid by CIA.

In grade since EOD 10 December 1950

130
[Signature]

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME E. Howard HUNT		DATE 24 May 1951
NATURE OF ACTION Periodic Pay Increase		EFFECTIVE DATE 13 May 51
TITLE	FROM Attache Intelligence Officer	TO Attache Intelligence Officer
	GRADE AND SALARY PSR-4 \$7830.00 GS-13 \$7600.00	PSR-4 \$7830.00 GS-13 \$7800.00
OFFICE	OPC	OPC
DIVISION	LA	LA
BRANCH		
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico

APPROVAL		
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER <i>D. M. Mulcahy</i>	

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES NO

OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____

SECURITY CLEARED ON _____

OVERSEAS AGREEMENT SIGNED _____

ENTERED ON DUTY _____

(SIGNATURE OF AUTHENTICATING OFFICER)

REMARKS:
L.S.I. 8 Nov. 1949

This is to certify that the conduct and services of the employee during this period were satisfactory in all respects.

E. H. Jarr
Division Chief

1. Agency and organizational designations		2. Pay period	3. Block No. UV	4. Slip No.						
3. Employee's name (and social security account number when appropriate) FURT, S. HOWARD		6. Grade and salary GS - 14 \$9600								
PAY ROLL CHANGE DATA										
	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	BOND	F.I.C.A.		NET PAY
7. Previous period										
8. This period										
9. Pay this period										
10. Remarks							11. Appropriation (s)		12. Prepared by	
14							030/VI		13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase										
14. Effective date	15. Date last automatic increase	16. Old salary rate	17. New salary rate	18. Performance rating is satisfactory or better.						
Dec 52	10 Jan 51	\$9600	\$9800	(Signature or other authentication)						
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s): <input type="checkbox"/> No excess LWOP Total excess LWOP										
STANDARD FORM NO. 1126 - Revised Form prescribed by Comp. Gen., U.S. Nov. 8, 1950, General Regulations No. 102										

PAY ROLL CHANGE SLIP - PERSONNEL COPY

De

STANDARD FORM 52
PROPERTY OF THE
U. S. GOVERNMENT
GSA GEN. REG. NO. 27
MAY 1962 EDITION
GSA GEN. REG. NO. 27
MAY 1962 EDITION

SECRET
SECURITY INFORMATION

5/11/53
98

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) Mr. Edward G. HUNT	2. DATE OF BIRTH 9 Oct. 1918	3. REQUEST NO. -	4. DATE OF REQUEST 30 Apr. 53
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Conversion from FSR Status		6. EFFECTIVE DATE & PROPOSED 7 Mar. 53 *	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED 7 Mar 53	

FROM: ATTACHE, FSR-3 FSR-4, 9820.00 p.a. DDP WH III Mexico City, Mexico <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	10. POSITION TITLE AND NUMBER INTEL OFF	11. SERVICE GRADE AND SALARY GS-132-14, \$9300.00 p.a.	12. ORGANIZATIONAL DESIGNATIONS DDP WH III Mexico City, Mexico	13. HEADQUARTERS Mexico City, Mexico	14. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL
--	---	--	--	--	--

15. REMARKS (Use reverse if necessary)
5-1
*** Subject resigned from State in the field effective this date.**
CD57
PCPP

16. REQUESTED BY (Name and title) <i>[Signature]</i>	17. REQUEST APPROVED BY Signature: <i>J. Keith Reed</i> Title: <i>D. P. P. Admin.</i>
18. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) V. C. LYNCH, X-457	

19. VETERAN PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB. OTHER	20. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> TICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>
--	---

21. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	22. APPROPRIATION FROM: 3522	23. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	24. DATE OF APPOINTMENT AFFILIATES (NECESSARY ONLY)	25. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <i>Virginia</i>
--	--	--	---	--

26. STANDARD FORM 50 REMARKS
FOSTERED
4/11/53

27. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E			

28. APPROVED BY
[Signature] **5/11/53**

SECURITY INFORMATION

STANDARD FORM 52 OFFICE OF PERSONNEL GENERAL OFFICE WASHINGTON, D.C.	SECRET	UNVOUCHERED PP
REQUEST FOR PERSONNEL ACTION		

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Mrs., Miss - One given name, initials, and surname) Mr. E. Howard HUNT	2. DATE OF BIRTH 9 OCT 1918	3. REQUEST NO. 174-53	4. DATE OF REQUEST 18 MAY 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, reassignment, etc.) Resignation Reassignment		6. EFFECTIVE DATE PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

FROM-- Intelligence Officer S-1 GS-132-14 \$9800 DDP/MH III Mexico City, Mexico	A. POSITION TITLE AND NUMBER	TO--
	B. SERVICE GRADE AND SALARY	
	C. ORGANIZATIONAL DESIGNATIONS	
	D. HEADQUARTERS	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)
Slot #1
Transfer leave to Vouchered Funds.

B. REQUESTED BY (Name and title) C. H. LYNCH	D. REQUEST APPROVED BY Signature: J. Keith Reid
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) V. C. LYNCH X-457	Title:

13. VETERAN PREFERENCE NONE / WWII OTHER SPT / 10 POINT / USAR OTHER	14. POSITION CLASSIFICATION ACTION NEW / VAC. / I.A. / REL.
---	--

15. SEX: MALE	16. APPROPRIATION: 9522	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	19. (TYPE OF APPOINTMENT AFFIDAVIT (ADDITIONAL ONLY))	20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
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21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CER. OR ACS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR SUPPL.			
E.			

F. APPROVED BY
M. L. Stone 6/18/53

SECRET

Security Information

STANDARD FORM 52 PROCESSED BY THE U. S. CIVIL SERVICE COMMISSION JANUARY 1953 EDITION, REVISED BANKING CODES IN	SECRET	VOUCHERED PP
REQUEST FOR PERSONNEL ACTION		

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse:

1. NAME (Mr.-Miss-Mrs - One given name, initials, and surname) Mr. E. Howard HUNT	2. DATE OF BIRTH 9 OCT 1918	3. REQUEST NO. 174A-53	4. DATE OF REQUEST 18 May 1953
---	---------------------------------------	----------------------------------	--

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Appointment Reassignment	6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:

FROM—	9. POSITION TITLE AND NUMBER	10. Operations Officer BD-22-14
	11. SERVICE, GRADE, AND SALARY	GS-132-14 \$9800
	12. ORGANIZATIONAL DESIGNATIONS	DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.
	13. HEADQUARTERS	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Transfer leave from Unvouchered Funds.

15. REQUESTED BY (Name and title) JOSEPH BURN SS/ADMIN	16. REQUEST APPROVED BY J. Keith Reid
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) ROBERT DURNS X-3965	Title:

13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 15 POINT D-AB OTHER	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL <input type="checkbox"/>
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15. SEX M	16. RACE W	17. APPROPRIATION 4-3200-20	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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21. STANDARD FORM 50 REMARKS

Approved 7/23/53
W. A. Babone

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E.			

F. APPROVED BY M. L. Shaw 6/18/53	SECRET
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CENTRAL INTELLIGENCE AGENCY

~~SECRET~~
~~SECRET~~

NOTIFICATION OF PERSONNEL ACTION *conc. 23 Jul 53 bn*

1. NAME (MR., MISS, MRS., ORC, GIVE NAME, INITIAL(S), AND SURNAME) R. E. Howard Hunt		2. DATE OF BIRTH 9 Oct 1918	3. JOURNAL OR ACTION NO.	4. DATE 30 July 1953
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE 2 Aug. 1953	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule A-6.116 (b)	
FROM		TO		
Intelligence Officer 8-1 GS-137-14 \$9800.00 per annum DDP/WH III Mexico City, Mexico		Operations Officer 2D-27-14 GS-132-14 \$9800.00 per annum DDP/GE SE Political & PW Staff Office of the Chief Washington, D.C.		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
11. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWII <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> 1-PT. <input type="checkbox"/> 2-PT. <input type="checkbox"/> 3-PT. <input type="checkbox"/> DISAB. <input type="checkbox"/> NOT DISAB. <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX M	16. RACE W	17. APPROPRIATION FROM 4-370-55-060 TO 4-3200-20	18. SUBJECT TO C.S. RETIREMENT ACT (YES/NO) yes	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) CD-PP
		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
Transfer TO vouchered funds FROM unvouchered funds				
Chief, Personnel Division ENTRANCE PERFORMANCE RATING:				

~~SECRET~~

STANDARD FORM 52
 PREPARED BY THE
 U. S. CIVIL SERVICE COMMISSION
 ALWAYS USE SPECIAL PERSONNEL
 MANUAL CHAPTER II

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initials, and surname) Mr. E. Howard Hunt	2. DATE OF BIRTH 9 Oct. 1918	3. REQUEST NO.	4. DATE OF REQUEST 4 Aug. 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion		6. EFFECTIVE DATE & PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <i>16 Aug 53</i>	

FROM— Operations Officer ED-22-14 GS-132-14 \$9800 p.a. DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.	9. POSITION TITLE AND NUMBER 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS	TO— Operations Officer ED-22 GS-132-15 \$10,800 p.a. DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	

A. REMARKS (Use reverse if necessary)

APPROVED BY PP/CSB

CONCURRED

Edwin A. Willard
 Chairman

John V. Robinson
 Chief, SE Division

REQUESTED BY
 PP CAREER SERVICE BOARD

D. REQUEST APPROVED BY
 Signature: *J. Keith Reid*
 Title: DD/P CAREER SERVICE BOARD

E. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
 Edwin A. Willard, PP/CSO

13. VETERAN PREFERENCE

NONE	WWII	OWEN	S-PT.	10 POINT
				DISAB OTHER
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

14. POSITION CLASSIFICATION ACTION

NEW	VICE	L.A.	REAL

CD-PP
CD-PP

15. SEX M F

17. APPROPRIATION FROM: TO:

18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)

19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)

20. LEGAL RESIDENCE STATE: CLAIMED PROVED

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CTIL OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL			
E.			

F. APPROVED BY
E. C. Hunt *14 Aug 53*

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIAL(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct. 18	3. JOURNAL OR ACTION NO.	4. DATE 14 Aug. 53
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Promotion		6. EFFECTIVE DATE 16 Aug. 53	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Sch. A-6.116(b)	
FROM Operations Officer RD-22-1A		TO Operations Officer RD-22		
8. SERVICE SERIES, GRADE, SALARY GS-132-14 \$9800.00 per annum		8. SERVICE SERIES, GRADE, SALARY GS-132-15 \$10,800.00 per annum		
9. ORGANIZATIONAL DESIGNATIONS IDP/SE SE Political & FW Staff Office of the Chief		9. ORGANIZATIONAL DESIGNATIONS Same Same Same		
10. HEADQUARTERS Washington, D. C.		10. HEADQUARTERS Same		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
11. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> S.P.T. <input type="checkbox"/> 10-POINT <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VKE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> CO-PP		
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 4-3200-20 TO: Same		18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) Yes
		19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____	
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
<i>Qm</i>				
ENTRANCE PERFORMANCE RATING Acting Chief, Personnel Division				

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct. 18		3. JOURNAL OR ACTION NO.		4. DATE 16 Feb. 54	
This is to notify you of the following action affecting your employment:							
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment				6. EFFECTIVE DATE 28 Feb. 54		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 J	
FROM				TO			
Operations Officer ED 22		8. POSITION TITLE Ops. Off (PP Staff Ch) ED-18		GS-132-15 \$10,800.00 per annum		9. SERVICE, SERIES, GRADE, SALARY GS-0136.31-15 \$10,800.00 per annum	
EE Political & PW Staff Office of the Chief		10. ORGANIZATIONAL DESIGNATIONS DDP/SE Political & Psych. Warfare Staff		11. HEADQUARTERS Washington, D. C.		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	
13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE		15-POINT		NEW		VICE	
WWII		DISAB		L.A.		REAL	
OTHER		OTHER				CD-PP	
16. SEX M		17. APPROPRIATION FROM: 4-3200-20 TO: same		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) Yes		19. DATE OF APPOINTMENT AFFIDAVIT'S (ACCESSIONS - 1-2)	
20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		21. REMARKS. This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.					
ENTRANCE PERFORMANCE RATING				SIGNATURE OF PERSONNEL ADMINISTRATOR			
Deputy Assistant Director for Personnel				[Signature]			

STANDARD FORM 52
 PREPARED BY THE
 U. S. CIVIL SERVICE COMMISSION
 JANUARY 1950 - FEDERAL PERSONNEL
 MANUAL CHAPTER IV

SECRET

REQUEST FOR PERSONNEL ACTION

UNCLASSIFIED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.-Miss-Mrs.-One given name, initials, and surname) Mr. D. Howard HUNT		2. DATE OF BIRTH 9 Oct 1918	3. REQUEST NO.	4. DATE OF REQUEST
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment			6. EFFECTIVE DATE A. PROPOSED: 28 Feb 1954	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)			B. APPROVED:	

FROM Operations Officer . ED-22 GS-152-15 \$10,800 OP/OP Political & PW Staff Office of the Chief Washington, D. C.	9. POSITION TITLE AND NUMBER 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS	TO Ops Off-(PP Staff CH) ED-18 GS-0156,01-15 10,800 DDF/3E Political & Psychological Warfare Staff Washington, D. C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

13. REMARKS (Use reverse if necessary)

14. REQUESTED BY (Name and title) THOMAS W. CHAPIN Sr./ADMIN	15. REQUEST APPROVED BY Signature: Thomas W. Fisher Title: Personnel Officer
16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) THOMAS W. FISHER 13965	

13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION	
None	WWII OTHER S-PT.	NEW	VICE E. A. REAL
	X		

15. SEX X M	16. RACE W	17. APPROPRIATION FROM: 3200 - 20 TO: 4 - 3200 - 20	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEIL. OR POS. CONTROL	JH	1954	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E			

F. APPROVED BY
2-16-54 [Signature]

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION **Case. 21 May 1954 Jan**

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIAL(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct 1918	3. JOURNAL OR ACTION NO.	4. DATE 21 May 1954
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE B.O.B. 23 May 1954	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 J	
FROM		TO		
Ops Officer (PP Staff Ch) ED-18 GS-0136.31-15 \$10,800.00 per annum BDP/BE Political & Psych Warfare Staff Washington, D. C.		Ops Officer (PP) BFF 1455 GS-0136.31-15 \$10,800.00 per annum BDP/BE ER/TA Political & Psych Warfare Staff Tokyo, Japan		
11. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. OTHER		12. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> ED-PP		
17. APPROPRIATION FROM: 4-3200-20 TO: 4-3700-55-121		18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) Yes		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.		21. REMARKS. This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.		
<p>Subject to approved medical clearance prior to being sent overseas.</p> <p>"Transfer TO Unvouchered funds FROM Vouchered funds."</p>				
<p>ENTRANCE PERFORMANCE RATING</p> <p>Deputy Assistant Director for Personnel</p> <p>U. S. GOVERNMENT PRINTING OFFICE: 1952 - 200147</p> <p>PERSONNEL FOLDER COPY</p>				

STANDARD FORM 52
 FORM ISSUED BY THE
 U. S. CIVIL SERVICE COMMISSION
 JANUARY 1954 - FEDERAL PERSONNEL
 MANUAL CHAPTER 81

REQUEST FOR PERSONNEL ACTION

SECRET

UNVOUCHERED

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs. - One given name, initials, and surname) **Mr. E. Howard Hunt** 2. DATE OF BIRTH **9 Oct 18** 3. REQUEST NO. 4. DATE OF REQUEST **7 April 54**

5. NATURE OF ACTION REQUESTED:
 A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
REASSIGNMENT
 B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE A. PROPOSED:
Feb 23 May 54
 B. APPROVED:

FROM - Ops Officer (PP Staff Ch) ED-1S
GS-0136.31-15 \$10,800.00 p/a
DDP/SE
Political & Psych Warfare Staff
Washington, D.C.
 TO - Ops Officer (PP) EFF #1455
GS-0136.31-15 \$10,800 p/a
DDP/FE
SR/NA
Political & Psych Warfare Staff
Tokyo, Japan

12. FIELD OR DEPARTMENTAL FIELD DEPARTMENTAL

14. REMARKS (Use reverse if necessary)
Subject to be temporarily slotted with incumbent now occupying slot #1455 until the later transfers.

8. REQUESTED BY
H.C. Clinkscales FE/Personnel Officer

D. REQUEST APPROVED BY

6. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
Herbert A. Hudson 2566

Signature: **[Signature]**
 Title: **PP Advisor 4/23/54**

13. VETERAN PREFERENCE

NONE	WWI	OTHER	5-PT.	10-POINT
				DISAB. OTHER
			X	

14. POSITION CLASSIFICATION ACTION

NEW	VICE	L.A.	REAL

CD:PP

15. SEX **M** 16. RACE **W** 17. APPROPRIATION
 FROM: **4-3200-20**
 TO: **4-3700-54-121**

18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)
Yes

19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)

20. LEGAL RESIDENCE STATE:
 CLAIMED PROVED

21. STANDARD FORM 50 REMARKS

*Effective about 26 E
 after FE
 24 May*

*Conc. (Osborne)
 21 May 54
 24 May 54*

Approved APR 20 1954
[Signature]
 PP/Career Service

*CPB notified
 24 May*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR			
E.			

F. APPROVED BY **[Signature]** **SECRET**

1. Pay roll no. **07** 2. Slip No. 3. Slip No.

4. Employee's name (and social security account number when appropriate) **WARD, E.** 5. Grade and salary **GS-15 \$10,500**

PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	F. I. C. A.	NET PAY
7. Previous normal								
8. New normal								
9. Pay this period								

10. Remarks: **PERMANENT TO DOI DIRECTIVE 11-880**

11. Appropriation: **22-14**

12. Prepared by: **1. 21/55**

13. Audited by:

Periodic step-increase Pay adjustment Other step increase

14. Effective date: **2/13/55** 15. Date last equivalent increase: **3/1/53** 16. Old salary rate: **\$10,800** 17. New salary rate: **\$11,050**

18. Performance rating is satisfactory or better.

19. LWOP data (Fill in appropriate space covering LWOP periods):

No excess LWOP. Total excess LWOP _____

(Check applicable box in case of excess LWOP)

Excess LWOP state at end of reporting period.

Excess LWOP state at end of reporting period.

Excess LWOP state at end of reporting period.

Excess LWOP state at end of reporting period.

STANDARD FORM NO. 112ad-Form 107
Form prescribed by Comp. Gen., U. S. G. A.
Nov. 8, 1950, General Regulation No. 107

PAY ROLL CHANGE SLIP—PERSONNEL COPY

SECRET

REQUEST FOR PERSONNEL ACTION REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.		UNVOUCHERED	
1. NAME (Mr., Miss, Mrs. One given name, initials, and surname) Mr. E. Howard Hunt		2. DATE OF BIRTH	
3. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		4. EFFECTIVE DATE A. PROPOSED: 3 May 1956	
5. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: MAY 10 1956	
FROM— DDP/FE SR/NA Political & Psychological Warfare Staff		TO— Ops Officer - PP BFF-1455 GS-0136.31-15 \$11,860.00 p/a DDP/FS North Asia Station PP Staff Tokyo, Japan	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL SD:DP	
6. REMARKS (Use reverse if necessary) T/O Charge			
7. REQUESTED BY (Name and title) H. P. GILBERT, CEE/PT		8. REQUEST APPROVED BY Signature: _____ Title: _____	
9. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) HAZEL H. ADAMS, 22205			
10. VETERAN PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 ANNT <input type="checkbox"/> DEAS <input type="checkbox"/> OTHER <input type="checkbox"/>		11. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> 1 A <input type="checkbox"/> REAL <input type="checkbox"/>	
12. APPROPRIATION FROM _____ TO _____		13. SUBJECT TO C S RETIREMENT ACT (YES-NO) <input type="checkbox"/>	
14. DATE OF APPOINTMENT AFFIDAVITS (NECESSARY ONLY)		15. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____	
16. STANDARD FORM 50 REMARKS <div style="border: 1px solid black; padding: 5px; display: inline-block;"> FOSTERED 23 MAY 1956 WPR? </div>			
17. CLEARANCES A. _____ B. CEIL. OR POS. CONTROL WPR C. CLASSIFICATION _____ D. PLACEMENT OR ENPL. WPR E. _____			
18. INITIAL OR SIGNATURE		19. DATE	
20. REMARKS: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> CONCUR MAY 15 1956 PP Career Service </div>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> USED IN LIEU OF SF50 NOTICE TO PERSONNEL </div>	
F. APPROVED BY _____ SECRET <i>per [Signature] 16 May '56</i>			

SECRET
Security Information

JBA

Name: Last, First Middle

TO: All C. I. A. Personnel
FROM: Personnel Director
SUBJECT: PERSONNEL QUALIFICATION QUESTIONNAIRE

1. The Agency is currently revising the system for machine coding employee qualifications, thereby permitting more complete and accurate data on all personnel. The new system will aid in implementing Agency policies on promotion from within by facilitating the selection of personnel with desired education and experience for vacancies which may occur. It is also expected that the new system will provide readily accessible statistics for planning and management purposes.

2. The attached questionnaire is designed to cover adequately those factors in which the Agency is interested. Although the information is, in a large measure, already reflected in previous forms submitted by you, it is felt that your time within the organization may enable you to emphasize those qualifications pertinent to its needs. The questionnaire also serves to bring your education and qualifications record up to date.

3. Your cooperation is requested in completing the questionnaire as thoroughly and accurately as possible and returning it to your Administrative Officer within the time allotted.

CODED
FOR
QUALIFICATIONS
DATE 4 JUN 1956

George E. Meloon
George E. Meloon
Personnel Director

SECRET
Security Information

SECRET
Security Information

PERSONNEL QUALIFICATION QUESTIONNAIRE

1. Serial No. (no entry) 512942	2. NAME: (last) (first) (middle) ... Jr. E. ...			3. Office ...		
4. Date of Birth Oct. 7, 1916	5. Sex: <input checked="" type="checkbox"/> male (1) <input type="checkbox"/> female (2)		Marital Status ...		6. CIA Entry Date: ...	
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) Year U.S. citizenship acquired, if not by birth ...					

SEC. I. EDUCATION

1. Extent: (circle one)

1. Less than high school	4. Two years college, or less	8. Masters degree
2. High school graduate	5. Over two years, no degree	9. Doctors degree
3. Trade, Business or Commercial school graduate	6. Bachelor degree	
	7. Post-graduate study (minimum 8 sem. hrs.)	

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd		Sem Hrs
			From	To	Day	Night	Title	Date	
Brown University	Lit.		1935	1940			AB	1940	

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
US Naval Academy	1941	1941	4	7-7 USNA. Leadership course leading to commission as LTJG

4. Military or Intelligence Training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, command & staff, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
... School.	1944	1944	4	Air Combat Intelligence course. Lecturer prior to completion of course, but received diploma with credit class.

SECRET Security Information

SEC. II. WORK EXPERIENCE

1. CIA Experience: State the specific nature of duties performed with CIA and CIG, starting with your present position. Take position titles from your official personnel papers, if you have personal copies. Please do not request your Official Personnel Folder. Include geographic area and subject matter dealt with, if applicable. Position Title is your classification title such as Geographer, Intelligence Officer, etc. Duty Title indicates your organization position such as - Section Chief, Branch Chief, Administrative Assistant, etc., and is to be filled in only if different to the Position Title. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From <u>1951</u> To <u>1953</u> Tot. mos. <u>17</u>	Description of Duties: <u>Deputy Chief of Mission, Mexico. Supervision of and direct management of all major projects in Mexico; established and maintained continuing relations with various agencies.</u>
Grade <u>GS 10</u> Salary <u>9,000</u>	
Office <u>Mexico</u>	
Position Title: <u>Deputy Chief of Mission</u>	
Duty Title: <u>Deputy Chief of Mission</u>	Duty Station, if overseas: <u>Mexico</u>
From <u>1950</u> To <u>1951</u> Tot. mos. <u>3</u>	Description of Duties: <u>Chief of Station, Mexico. Supervision of and direct management of all major projects in Mexico; established and maintained continuing relations with various agencies.</u>
Grade <u>GS 11</u> Salary <u>9,400</u>	
Office <u>Mexico</u>	
Position Title: <u>Chief of Station</u>	
Duty Title: <u>Chief of Station</u>	Duty Station, if overseas: <u>Mexico</u>
From <u>1949</u> To <u>1950</u> Tot. mos. <u>12</u>	Description of Duties: <u>Plans and executes with the aid of the activities in Mexico; maintains liaison with various agencies; established and maintained continuing relations with various agencies.</u>
Grade <u>GS 13</u> Salary <u>7,400</u>	
Office <u>MI Division</u>	
Position Title: <u>Plans Officer</u>	
Duty Title:	Duty Station, if overseas:
From _____ To _____ Tot. mos. _____	Description of Duties: _____
Grade _____ Salary _____	
Office _____	
Position Title: _____	
Duty Title: _____	Duty Station, if overseas: _____

SECRET

Security Information

SEC. II. WORK EXPERIENCE (CONT'D.)

2. Other than CIA: (Describe work experience for the last 15 years in sufficient detail to permit specific coding of your qualifications. Include military work experience. List last position first.)

From <u>1948</u> To <u>1949</u> Tot. mo's <u>9</u>	Exact Title of your position <u>Information Officer, ECA</u>
Classification Grade (if in Federal Service) <u>FSS 5</u> Salary <u>6,900</u>	Description of Duties: <u>Production of propaganda and films and radio programs in France and Austria</u>
Number and Class of Employees Supervised: <u>3 Prof. 6 Steno.</u>	
Employer <u>ECA</u>	
Kind of Business or organization (i.e., paper products mfr, public utility)	
From <u>1946</u> To <u>1949</u> Tot. mo's <u>27</u>	Duty Station if overseas: <u>Paris, France</u>
Classification Grade (if in Federal Service) _____ Salary <u>\$28,000 (av.)</u>	Exact Title of your position <u>Professional Writer, self-employed</u>
Number and Class of Employees Supervised: _____	Description of Duties: _____
Employer _____	
Kind of Business or organization (i.e., paper products mfr, public utility)	
From <u>1943</u> To <u>1943</u> Tot. mo's <u>9</u>	Duty Station if overseas: _____
Classification Grade (if in Federal Service) _____ Salary <u>\$7,800</u>	Exact Title of your position <u>War Correspondent</u>
Number and Class of Employees Supervised: _____	Description of Duties: <u>accompany naval and air units in combat in SO Pacific Area. Write accounts and special stories of ensuing actions</u>
Employer <u>T.E. Inc.</u>	
Kind of Business or organization (i.e., paper products mfr, public utility) <u>Publishers</u>	
From <u>1942</u> To <u>1942</u> Tot. mo's <u>5</u>	Duty Station if overseas: <u>South Pacific Area</u>
Classification Grade (if in Federal Service) _____ Salary <u>\$7,800</u>	Exact Title of your position <u>Screen writer</u>
Number and Class of Employees Supervised: <u>2 Prof. 3 Steno.</u>	Description of Duties: <u>Prepare and write commentary for monthly newsletter THE MARCH OF TIME. Also prepare and write contract Naval Training Films.</u>
Employer <u>T.E. Inc.</u>	
Kind of Business or organization (i.e., paper products mfr, public utility) <u>Publishers</u>	
From <u>1941</u> To <u>1942</u> Tot. mo's <u>16</u>	Duty Station if overseas: _____
Classification Grade (if in Federal Service) <u>Eng.</u> Salary _____	Exact Title of your position <u>Anti-Aircraft Gunnery Officer (destroyers)</u>
Number and Class of Employees Supervised: <u>168 seamen</u>	Description of Duties: <u>Provide for air protection of USS MAYO, and merchant ships under escort</u>
Employer <u>USN</u>	
Kind of Business or organization (i.e., paper products mfr, public utility)	
	Duty Station if overseas: <u>North Atlantic</u>

SECRET
Security Information

SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- 01 U.S. Secret Service
- 02 Civil Police
- 03 Military Police
- 04 U.S. Border Patrol
- 05 U.S. Narcotics Squad
- 06 FBI
- 07 Criminal Investigation Div.
- 21 Office of Naval Intelligence
- 22 Office of War Information
- 23 Army G-2
- 20 Office of Strategic Services
- 24 Air Force A-2
- 25 Foreign Economic Admin.
- 26 Counter Intelligence Corps
- 27 Immigration & Naturalization
- 28 Strategic Services Unit
- 29 Foreign Service, State Dept.
- 30 Central Intelligence Group
- 31 Armed Forces Security Agency
- 32 Coordinator of Information
- 33 Office of Facts & Figures
- 34 Board of Economic Warfare
- 35 Federal Communications Comm.

SEC. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE	COMPETENCE						HOW ACQUIRED				
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge		Native of Country	Prolonged Residence	Contact (Parents, etc.)	Academic	Study (Inc. CIA training)
Spanish		X									X
French				X							
German					X				X		

* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein _____

**Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. _____

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SEC. IV. AREA KNOWLEDGE

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Aquired (check (X) one)		
		Residence	Travel	Study
Latin America	1946-7, 1950-53	X		X
France, Austria	1947-50	X		X
UK and Scandinavia	1950		X	
China	1952	X		X

2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained
France	Political	Study at Paris, 1949-50
Poland	Political	" " " " " "
Italy	Political	" " " " " "
Mexico	Political	Study at Mexico, 1950-51

SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)

Skill	Per Cent of Time Used		WPM (Approximate Proficiency)	Prefer Assignment Using Skill Oftener	
	1.	2.		1. Yes	2. X No
Typing	100		50		
Shorthand	100				X

Shorthand System: 1. Manual 2. Machine 3. Speedwriting.

SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc.	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications. sailing, skiing, writing, etc.

SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

List any professional or academic associations or honorary societies in which you hold membership.

SEC. VIII. PUBLICATIONS

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

Under the name of [redacted] published [redacted] professional writer of fiction. [redacted] and of [redacted] will have published [redacted] Short stories have [redacted] in [redacted] and [redacted]. At one [redacted] was a [redacted] correspondent [redacted], and [redacted] contributions appeared [redacted] in [redacted] and [redacted].

SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

SEC. X. CIA TESTS

Describe below the type of tests which you have taken in CIA:

Type of Test	Date Taken

SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour ___ (2) 4 year Tour X (3) Not interested ___

SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment in CIA do you think you are best qualified?

SECRET
Security Information

SEC. XIV. MILITARY STATUS

1. **Present Draft Status**
Have you registered under the Selective Service Act of 1948? Yes No.
If yes, indicate your present draft classification _____

2. **Present Reserve or National Guard Status**
Do you now have Reserve or National Guard Status Yes No.
If yes, complete the following.

1. National Guard
2. Air National Guard
3. Active Reserve Status (member of organized unit)
4. Inactive Reserve Status

Service _____ Grade _____ Location _____

Reserve Unit with which currently affiliated _____

Service Mobilization Assignment, if any _____

Location of Service Records, if known _____

SEC. XV. CIA TRAINING

List the training courses or subjects you have taken while in the CIA.

Course or Subject	(from) Dates (to)	Hours
Basic	Jan. 1951	10
...
...
...
...

SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.

... as a ... officer for ... in ...
... in ...
... as a ...
...
...
...
...
...
...
...
...

DATE 21 April, 1953

SIGNATURE E. Howard Hunt

1. Agency and organizational designation						2. Payroll period		3. Block No.		4. Slip No.	
5. Employee's name (and social security account number when appropriate)						6. Grade and salary					
HUNT, N. HOWARD						03-15		\$11,880.			
PAYROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											
10. Remarks						11. Appropriation(s)			12. Prepared by		
						FB-2			wlr 11Jun56		
									13. Audited by		
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase											
14. Effective date	15. Date last equivalent increase	16. Old salary rate	17. New salary rate	[Signature] SERVICE & CONDUCT ARE SATISFACTORY (Signature or other authentication)							
12 Aug 56	13 Feb 55	\$11,880.	\$12,150.								
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):						(Check applicable but in case of excess LWOP) [Punch marks for LWOP data]					
<input type="checkbox"/> No excess LWOP, Total excess LWOP						[Punch marks for LWOP data] [Signature]					
STANDARD FORM NO. 1126-Rev'd						PAYROLL CHANGE SLIP — PERSONNEL COPY					
Form prescribed by Comp. Gen., U. S. October 26, 1954, General Regulative No. 102											

SECRET

STANDARD FORM 52 FORM 52 OF THE U. S. CIVIL SERVICE COMMISSION EXCISE TAX - FEDERAL PERSONNEL SERIAL, CHAPTER 7	UNVOUCHERED
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REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname) E. HOWARD Mr. Howard B. HUNT	2. DATE OF BIRTH 9 Oct 1916	3. REQUEST NO.	4. DATE OF REQUEST 16 Oct 56
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <i>[Signature]</i>	

FROM - Ops Officer (PP) GS-0136.31-15 \$12,150.00 p.a. DDP/FE North Asia Station PP Staff Tokyo, Japan	9. POSITION TITLE AND NUMBER BFF-1155	10. SERVICE GRADE AND SALARY	11. ORGANIZATIONAL DESIGNATION	12. HEADQUARTERS	TO - Area, Ops Off (CCS) RAF-162 GS-0136.01-15 \$12,150.00 p.a. DDP/WH Branch II Montevideo, Uruguay Station Montevideo, Uruguay
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (D)			

A. REMARKS (Use reverse if necessary)

2 copies to Security

*DATE Assigned Leave
Concur
FEPT*

B. REQUESTED BY (Name and title) <i>[Signature]</i>	D. REQUEST APPROVED BY <i>[Signature]</i>
C. POP ADDITIONAL INFORMATION CALL (Name and telephone extension) J. KORLAOVICH X8212	Signature: <i>[Signature]</i> Title: CS/CSF

13. VETERAN PREFERENCE NONE WWII OTHER S-PT. 10 POINT DISAB OTHER <input checked="" type="checkbox"/>	14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAL	15. SEX M W	16. RACE	17. APPROPRIATION FROM: 7-376-55-121 TO: 7-3587-55-065	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
--	---	-----------------------	----------	--	--	--	---

21. STANDARD FORM 50 REMARKS

*Carry over with
1/21/57
1/25/56*

Concurred in by: *[Signature]*
PP Career Service

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.	<i>[Signature]</i>		<i>Interv 25 cases 1/25/56 WH [Signature]</i>
B. CEIL. OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<i>CCP 1/22/56</i>		
E.			
F. APPROVED BY <i>[Signature]</i> 1/10/57			

SECRET

11/5/49

SECRET
(When Filled In)

OCB WING 6
2000000000

573542		PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE January 6, 1957	
- INSTRUCTIONS					
This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.					
SECTION I			GENERAL		
1. FULL NAME (Last-First-Middle) HUNT, Jr. E. Howard					
2. CURRENT ADDRESS (No., Street, City, Zone, State)			3. PERMANENT ADDRESS (No., Street, City, Zone, State)		
			30 Willett Street, Albany 10, New York		
4. HOME TELEPHONE NUMBER 3-6218		5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE New York			
SECTION II			PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. Hunt, Mrs. Everette H.			2. RELATIONSHIP Mother		
3. HOME ADDRESS (No., Street, City, Zone, State, Country). 30 Willett Street Albany 10, New York					
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country)- INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE					
5. HOME TELEPHONE NUMBER 3-6218		6. BUSINESS TELEPHONE NUMBER		7. BUSINESS TELEPHONE EXTENSION	
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. Notification of Father not desired, due to cardiac condition.					
SECTION III			MARITAL STATUS		
1. CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED					
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS					
WIFE OR HUSBAND: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.					
3. NAME (First) (Middle) (Maiden) (Last) Dorothy Louise Wetzel HUNT					
4. DATE OF MARRIAGE Sept 7, 1949		5. PLACE OF MARRIAGE (City, State, Country) Millbrook, New York			
6. HIS (or her) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country) American Embassy, Paris					
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. DATE OF DEATH		9. CAUSE OF DEATH	
10. CURRENT ADDRESS (Give last address, if deceased) 30 Willett Street, Albany 10, New York					
11. DATE OF BIRTH 1 April 1920		12. PLACE OF BIRTH (City, State, Country) Dayton, Ohio			
13. IF BORN OUTSIDE U.S.-DATE OF ENTRY		14. PLACE OF ENTRY			
15. CITIZENSHIP (Country) USA		16. DATE ACQUIRED		17. WHERE ACQUIRED (City, State, Country)	
18. OCCUPATION housewife		19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)			
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)					

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE (From- and To-) BY MONTH AND YEAR USNR July 1940- Oct. 1942		23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED USA	
22. BRANCH OF SERVICE USNR USAF		23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED USA	
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN ECA, Paris April 1948 - Feb. 1949			

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
2	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
3	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
4	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME
Book royalties

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
Riggs Nat'l Bank, F&M Branch	Washington 7, DC

SECTION V CONTINUED TO PAGE 3

SECRET

SECRET

(When Filled In)

SECTION V CONTINUED FROM PAGE 2

6. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES NO

7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

8. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? YES NO

9. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS

10. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? YES NO IF YOU HAVE ANSWERED "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

SECTION VI

CITIZENSHIP

1. PRESENT CITIZENSHIP (Country) USA

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE: BIRTH MARRIAGE OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? YES NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

SECTION VII

EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/ QTR. HOURS SPECIFY
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECRET

SECRET
(When Filled In)

SECTION VIII FOREIGN LANGUAGE ABILITIES																						
LANGUAGE <small>(List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes)</small>	COMPETENCY - IN ORDER LISTED																					
	EQUIVALENT TO NATIVE FLUENCY	FLUENT BUT OBVIOUSLY FOREIGN	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED KNOWLEDGE	NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)	HOW ACQUIRED												
										R	W	S	R	W	S	R	W	S	R	W	S	
	R - READ W - WRITE S - SPEAK																					
Spanish				X	X	X				X		X										
French				X						X												
German										X												
2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY																						
3 years of College Spanish																						
3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD																						

SECTION IX GEOGRAPHIC AREA KNOWLEDGE							
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE" INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY				
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT	
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE							

SECTION X TYPING AND STENOGRAPHIC SKILLS				
1. TYPING (W.P.M.)	2. SHORTHAND (W.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM		
		GREGG	SPEEDWRITING	STENOTYPE
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)				

SECTION XI SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH	
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK	
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.	
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.	
5. FIRST LICENSE OR CERTIFICATE (Year of issue)	6. LATEST LICENSE OR CERTIFICATE (Year of issue)

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(When Filled In)

SECTION XI CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF PUBLICATION. (Scientific articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
2	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
3	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
4	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
5	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

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OFFICE OF PERSONNEL
MAIL ROOM
APR 11 11 59 AM '57

SECTION XIII CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING. **3**

2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepchildren, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN UNDER 21 YEARS OF AGE WHO ARE AGE, SINGLE, UNEMPLOYED. **1**

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
Dorothy L. Hunt	wife	1920		X	USA	
Lisa T. Hunt	daughter	1951		X	"	
Kevin T. Hunt	"	1952		X	"	
Howard St. John Hunt	son	1954	X		"	

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED: **6 Feb. 1957** SIGNATURE OF EMPLOYEE: *E. Howard Hunt*

SECRET

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STANDARD FORM 52
FORM 52 OF THE
U. S. CIVIL SERVICE COMMISSION
APPLICABLE TO FEDERAL PERSONNEL
MANUAL CHAPTER 9

REQUEST FOR PERSONNEL ACTION

UNVOUCHERED

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr. - Miss - Mrs. One given name, initial(s), and surname) Mr. HUNT, E. Howard	2. DATE OF BIRTH 9 October 1918	3. REQUEST NO. 513842	4. DATE OF REQUEST 24 Jan 1957
---	---	---------------------------------	--

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) INTEGRATION - Department of State	6. EFFECTIVE DATE A. PROPOSED: B. APPROVED: 25 January 1957	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		

FROM- Area Ops. Officer (COS) BAF 162 GS-0136.01-15 \$12,150 DDP/WH Branch 2 Montevideo, Uruguay Station Montevideo, Uruguay	9. POSITION TITLE AND NUMBER 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS 13. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	TO- Attache, Pol. Off. 1st Sec. & Consul (When confirmed) FSR-3 \$12,100 DDP/WH Branch 2 Montevideo, Uruguay Station Montevideo, Uruguay
--	---	--

A. REMARKS (Use reverse if necessary)

Sick and annual leave are to be held in escrow until subject reverts to GS status

B. REQUESTED BY (Name and title) FI/CPS/CCB/OCL	D. REQUEST APPROVED BY Signature: <i>B. Eggleston</i> Title: Cover Officer
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) B. Eggleston x8101	

13. VETERAN PREFERENCE NONE <input type="checkbox"/> WAR <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> CASAB. OTHER	14. POSITION CLASSIFICATION ACTION SD-DI
--	--

15. SEX M	16. APPROPRIATION FROM: 7-3587-56-065 TO: <i>per branch</i>	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	19. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
---------------------	--	--	--	--

20. STANDARD FORM 50 REMARKS

1/25 49

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.	<i>FE</i>		
B. CELL OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY

SECRET

NOTIFICATION OF PERSONNEL ACTION

FD-50

1. NAME (MR - MISS - MRS - ONE GIVEN NAME INITIALS) AND SURNAME Mr. E. HOWARD HUNT	2. DATE OF BIRTH 9 Oct 1913	3. GENERAL GS ACTION NO.	4. DATE 25 Jan 1957
--	---------------------------------------	--------------------------	-------------------------------

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment	6. EFFECTIVE DATE 13 Jan 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 f
---	---	---

8. POSITION TITLE Ops Officer (PP) BFF-1455	9. SERVICE, SERIES, GRADE, SALARY GS-0136.31-15 \$12,150.00 per annum	10. ORGANIZATIONAL DESIGNATIONS DDP/FE North Asia Station PP Staff	11. HEADQUARTERS Tokyo, Japan	12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD
8. POSITION TITLE Area Ops Off (COS) BAF-162	9. SERVICE, SERIES, GRADE, SALARY GS-0136.01-15 \$12,150.00 per annum	10. ORGANIZATIONAL DESIGNATIONS DDP/WH Branch II Montevideo, Uruguay Station	11. HEADQUARTERS Montevideo, Uruguay	12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD

13. VETERAN'S PREFERENCE NONE WWII OTHER S-PT. 10 POINT <input checked="" type="checkbox"/> 10 POINT	14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAL SD/DP
--	---

15. SEX M	16. APPROPRIATION FROM 7-3735-55-005 W TO: 7-3987-55-065	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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20. REMARKS:

3 ECD 11/03/49

POSTED
25 JAN 1957

Ed Stewart

ENTRANCE PERFORMANCE RATING:
Director Of Personnel

21. SIGNATURE OR OTHER AUTHENTICATION

SECRET
 (WHEN FILLED IN)

NOTIFICATION OF PERSONNEL ACTION

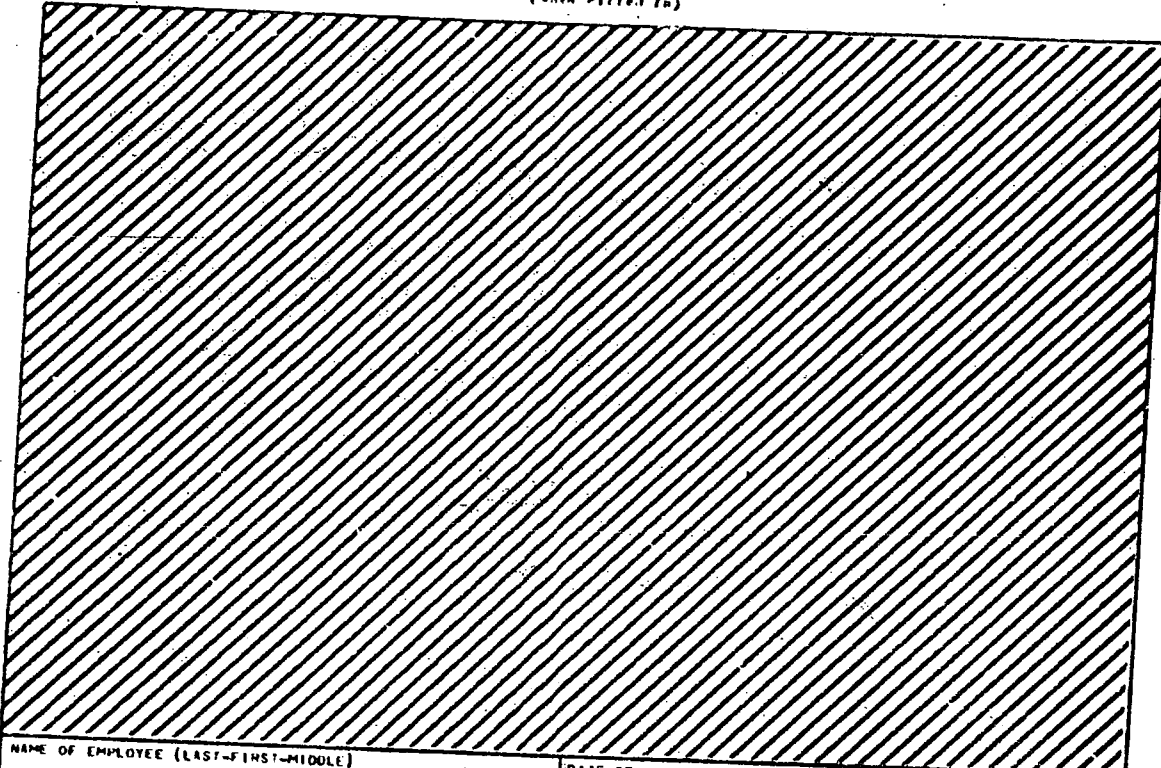
DOO

1. NAME (LAST-FIRST-MIDDLE-ONE GIVEN NAME, INITIALS, AND SURNAME) MR. HOWARD E. HUNT 513842		2. DATE OF BIRTH 9 Oct 1918	3. JOURNAL OR ACTION NO.	4. DATE 31 Jan 1957
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Integration - Department of State 58		6. EFFECTIVE DATE 25 Jan 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j	
FROM		TO		
Area Ops. Officer (COS) BAF-162 GS-0136.01-15 \$12,150.00 per annum		8. POSITION TITLE	Area Ops. Officer (COS) BAF-162 (Attache, Pol. Off. 1st Sec. & Consul) (When Confirmed)	
		9. SERVICE SERIES, GRADE, SALARY	GS-0136.01-15 \$12,150.00 per annum (FSE-3 \$12,100.00 per annum)	
		10. ORGANIZATIONAL DESIGNATIONS 466130	DDP/WH Branch 2 Montevideo, Uruguay Station	
		11. HEADQUARTERS 5	Montevideo, Uruguay	
12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD		12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL. <input type="checkbox"/> SD/DI <input checked="" type="checkbox"/>		
15. SEX M	16. APPROPRIATION FROM: 7-3587-55-065 TO: 760-31	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (EXCEPTIONS ONLY)	19. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS Sick and annual leave are to be held in escrow until subject reverts to GS status 3 EOD 11/08/49 POSTED 1957 SP <i>William Stewart</i> ENTRANCE PERFORMANCE RATING: Director of Personnel				
21. SIGNATURE OR OTHER AUTHENTICATION				

SECRET

1. EMPLOYEE COPY
 2/1/31/57

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)

HUNT, Howard

DATE OF BIRTH

CASE OR CLAIM NUMBER

CHD 57-726-D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on wife.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

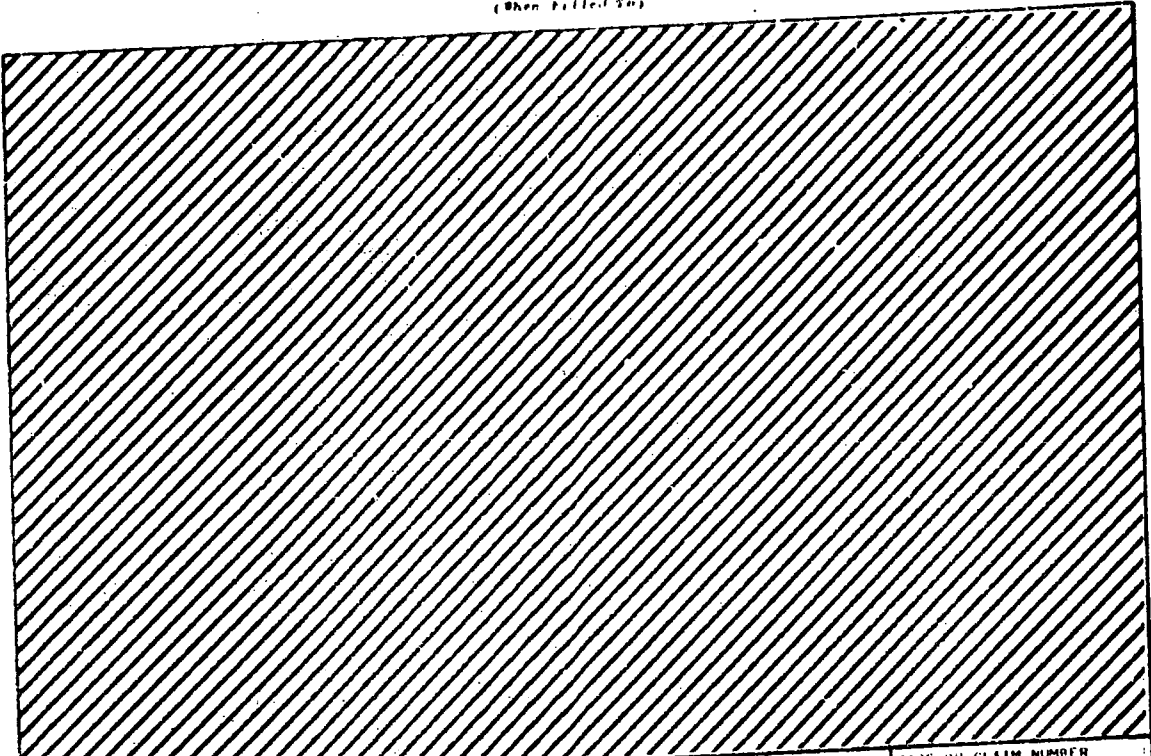
4 Dec 57

SIGNATURE OF BCD REPRESENTATIVE

B. E. [unclear]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>0658-31D</i>
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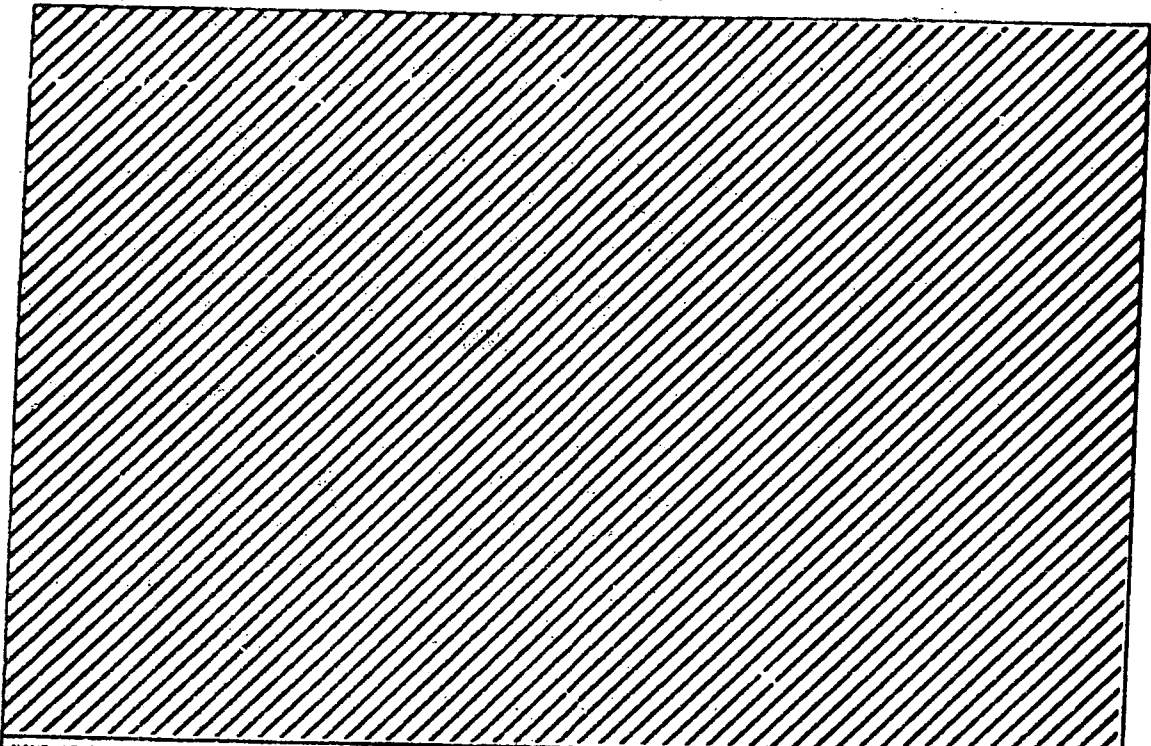
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 200 .

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE <i>4 Feb 58</i>	SIGNATURE OF RED REPRESENTATIVE <i>[Signature]</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard E.</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>CAS 58-167D</i>
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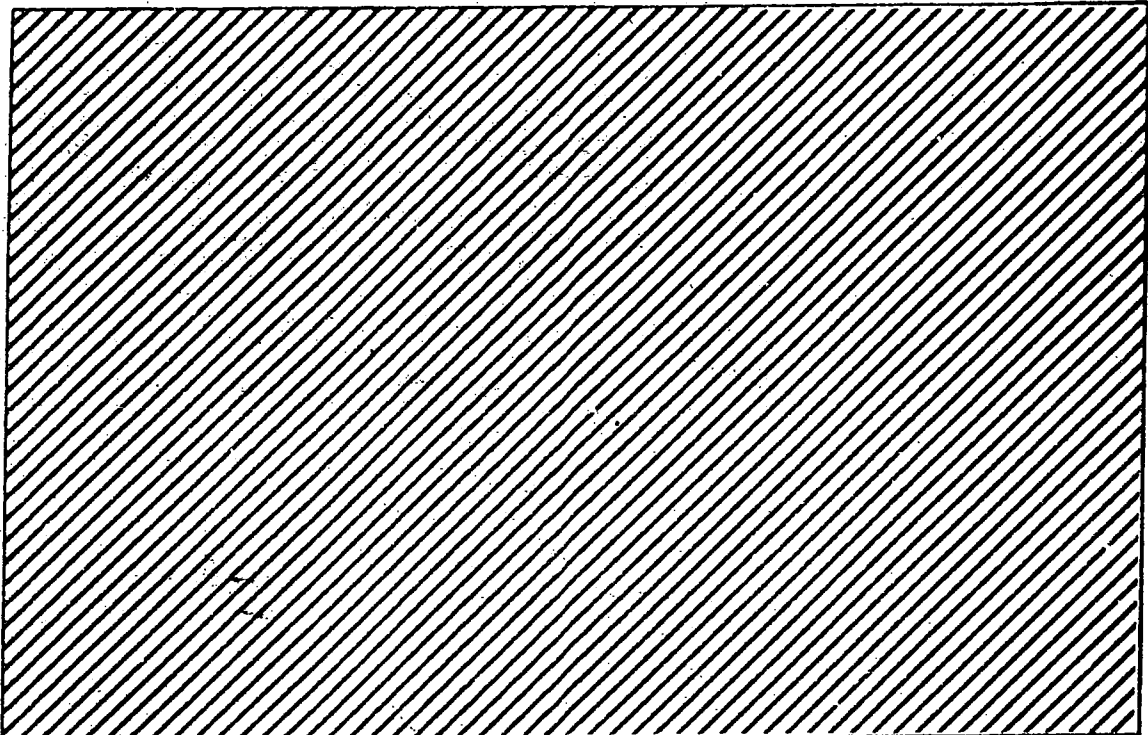
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on dependent wife.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE <i>2/1/58</i>	SIGNATURE OF BCD REPRESENTATIVE <i>B. De Felice</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>CAB 58-68 D</i>
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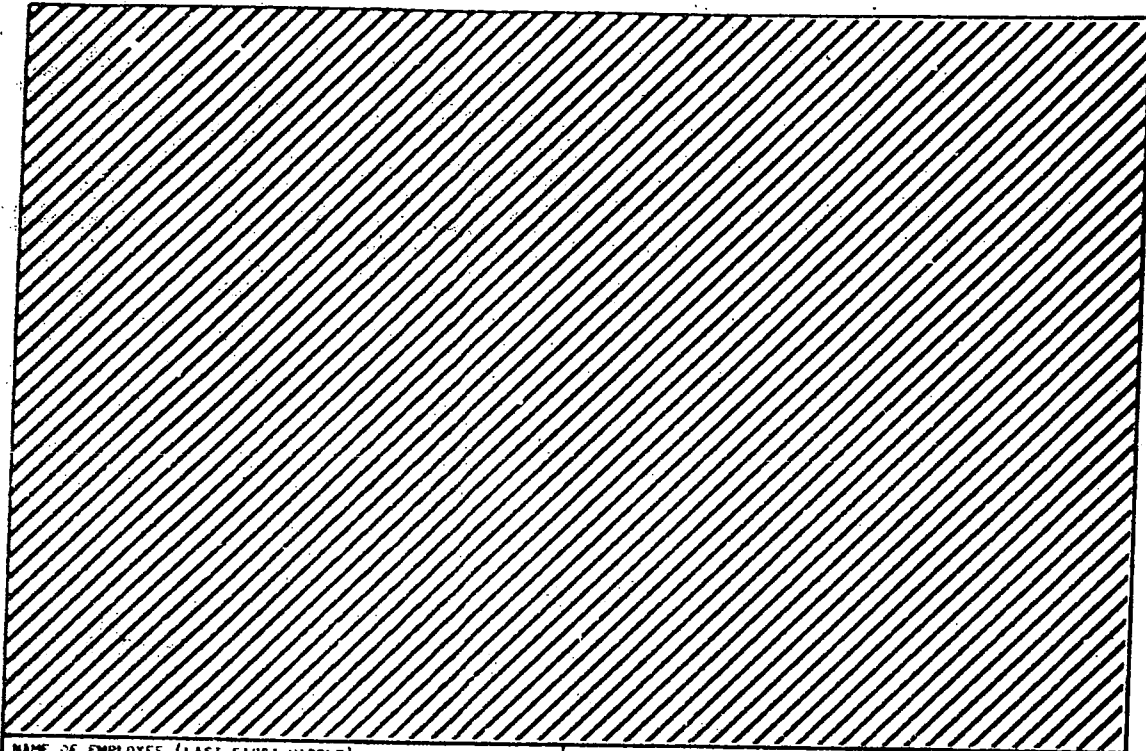
There is, on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on *approx. daughter*.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE <i>14 May '58</i>	SIGNATURE OF BCD REPRESENTATIVE <i>B. De Felice</i>
-------------------------------------	--

NOTICE C OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>58-135 D</i>
---	---------------	---

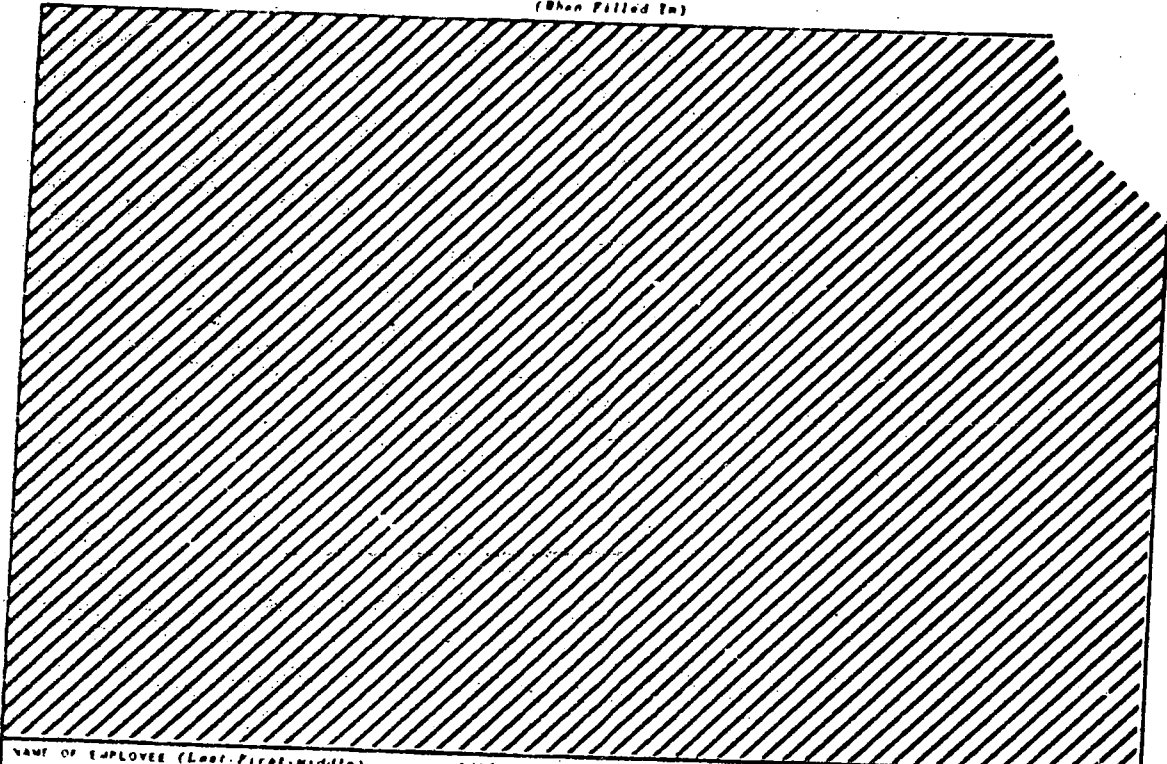
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on dependent daughter

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE <i>21 May 1958</i>	SIGNATURE OF BCO REPRESENTATIVE <i>D. DeFuria</i>
--------------------------------------	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <i>Robert Edward ...</i>	NAME AND RELATIONSHIP OF DEPENDENT* <i>Daughter ...</i>	CLAIM NUMBER <i>...</i>
--	--	----------------------------

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 10 November 1958

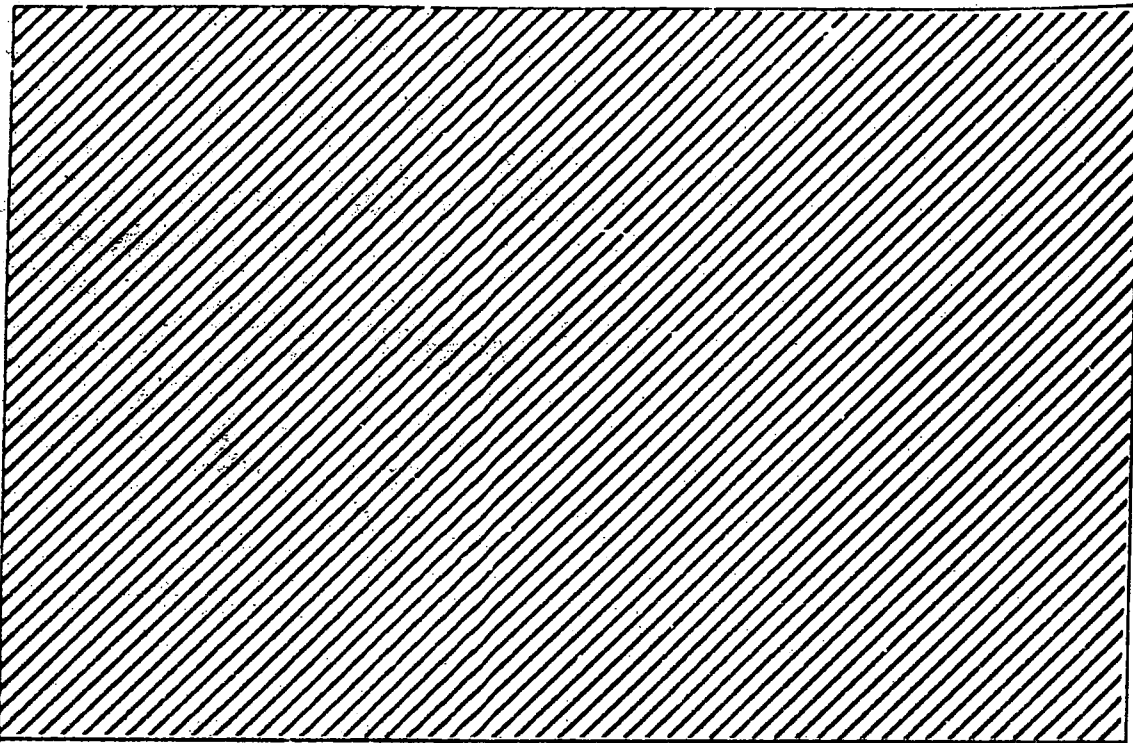
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE <i>18 Nov 1958</i>	SIGNATURE OF BCD REPRESENTATIVE <i>B. DeFolice</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

85



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard	Unk	57-726D

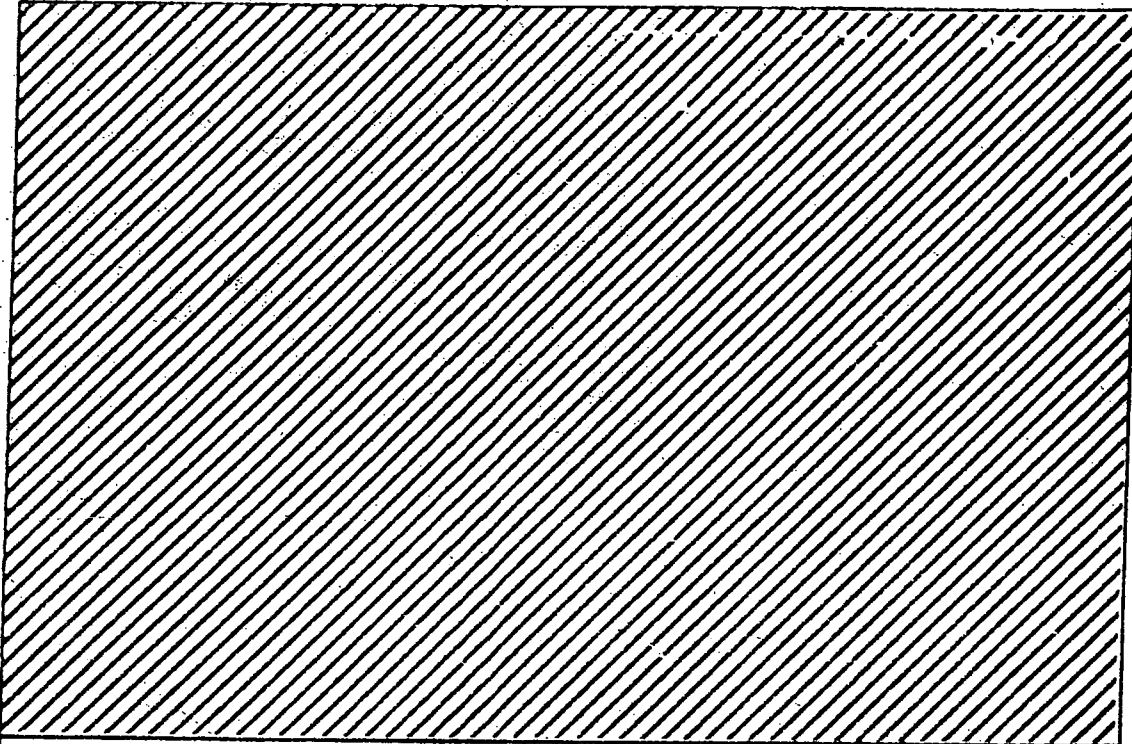
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on wife.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF RCD REPRESENTATIVE
21 Aug 1958	<i>D. McFiler</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
HUNT, Howard	Dorothy	58-399 D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on _____.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE
8 Dec. 1958	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
INSTRUCTIONS		
<p><i>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in <u>full</u> entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the data requires more complete coverage than you have previously reported.</i></p>		
SECTION I GENERAL		
1. FULL NAME (Last-First-Middle) HUNT, E. Howard		
2. CURRENT ADDRESS (No., Street, City, Zone, State)		3. PERMANENT ADDRESS (No., Street, City, Zone, State)
4. HOME TELEPHONE NUMBER	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE	
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. Hunt, Ethel J.		2. RELATIONSHIP Mother
3. HOME ADDRESS (No., Street, City, Zone, State, Country) 75 Willett Street, Albany 10, NY		
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country)- INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE		
5. HOME TELEPHONE NUMBER Hobart 3-6218	6. BUSINESS TELEPHONE NUMBER	7. BUSINESS TELEPHONE EXTENSION
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.		
SECTION III MARITAL STATUS		
1. CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED		
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS		
<p><i>SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.</i></p>		
3. NAME (First) (Middle) (Maiden) (Last) E Dorothy Louise Wetzel HUNT		
4. DATE OF MARRIAGE Sept. 7 1940	5. PLACE OF MARRIAGE (City, State, Country) Hillbrack, New York	
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) Seaside, Florida		
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. DATE OF DEATH	9. CAUSE OF DEATH
10. CURRENT ADDRESS (Give last address, if deceased)		
11. DATE OF BIRTH April 1 1920	12. PLACE OF BIRTH (City, State, Country) Dayton, Ohio	
13. IF BORN OUTSIDE U.S.-DATE OF ENTRY	13. PLACE OF ENTRY	
15. CITIZENSHIP (Country) USA	16. DATE ACQUIRED	17. WHERE ACQUIRED (City, State, Country)
18. OCCUPATION none	19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)	
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)		
SECTION III CONTINUED TO PAGE 2		

SECRET

(When Filled In)

SECTION III. CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (Start and End) BY MONTH AND YEAR	
22. BRANCH OF SERVICE	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN	

SECTION IV. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V. FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES NO

2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR SPECIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? YES NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? YES NO

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.

publishing royalties

SECTION V CONTINUE TO PAGE 3

SECRET

SECRET

SECTION V CONTINUED FROM PAGE 2

BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
Riggs Nat'l Bank	Wisconsin at P St., NW, Washington DC

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP: USA

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:
 BIRTH MARRIAGE OTHER (Specify)

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? YES NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

SECTION VII EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input checked="" type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE OR GREATER

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEMESTER HRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			
Brown University, Providence RI	Lit		1936	1940	AB	JUNE 1940	

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	
US MA, Annapolis	Reserve trng.	Feb 1941	May 1941	12
AAFCAC, Orlando, Fla.	Intelligence	June 1943	Dec 1943	28

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECRET

SECRET
(When Filled In)

SECTION VIII **GEOGRAPHIC AREA KNOWLEDGE**

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
France	political	1939, 1948-49			X	X
Spain	political, coasts	May 1960		X		
Mexico	political, terrain	Dec-June 1946	X			

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

France 1939 - study at the Sorbonne
 " 1948-49 - arl. asst to Amb. Harriman at ECA (speechwriter)
 Mexico 1946 - Residence at Acapulco as Guggenheim Fellow for that year

3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY		
			HDQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING
Mexico	Pol, terrain	1950-53		XX	
Japan	Political	1954-56		XX	
Uruguay	Political, terrain	1957-60		XX	
Balkans	Political	1953-54	XX		
Greece	Political	1952-54	XX		

SECTION IX **TYPING AND STENOGRAPHIC SKILLS**

1. TYPING (W.P.M.) **40** 2. SHORTHAND (W.P.M.) _____ 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM

<input type="checkbox"/> GREGG	<input type="checkbox"/> SPEEDWRITING	<input type="checkbox"/> STENOTYPE	OTHER (Specify): _____
--------------------------------	---------------------------------------	------------------------------------	------------------------

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)

SECTION X **SPECIAL QUALIFICATIONS**

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH

squash - good hunting, shooting - good tennis - v, good
 equitation - good fishing - fair

2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK

3. EXCLUDING EQUIPMENT NOTED IN SECTION 4, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTRANGE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.

4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.

5. FIRST LICENSE OR CERTIFICATE (Year of issue) _____ 6. LATEST LICENSE OR CERTIFICATE (Year of issue) _____

SECRET

SECRET

(When Filled In)

SECTION X CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, serials, articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
<i>Oct 14 - Dec 50</i>	<i>GS-13</i>	<i>OPC/PP/PM</i>
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
<i>6</i>	<i>Operations Officer</i>	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
<i>Feb 1957 - March 1960</i>	<i>15</i>	<i>WH-2</i>
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
<i>16</i>	<i>Chief of Station, Merituxidea</i>	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
<i>June 1960 -</i>	<i>15</i>	<i>WH-4</i>
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	<i>Political Action Officer</i>	
6. DESCRIPTION OF DUTIES		
<i>Field Chief in Mexico City of JMWAVE</i>		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET

SECRET
(When Filled In)

SECTION XII CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING. ▷ 3	2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE, WHO ARE NOT SELF-SUPPORTING. ▷ 1
---	--

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
Dorothy I.	wife	1920		X	USA	
Lisa Tiffany	daughter	1951		X	USA	
Kevan Tetterdale	"	1953		X	"	
Howard St. John	son	1954	X		"	

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

(This area is mostly blank in the image)

DATE COMPLETED <i>16 June 1960</i>	SIGNATURE OF EMPLOYEE <i>Howard St. John</i>
---------------------------------------	---

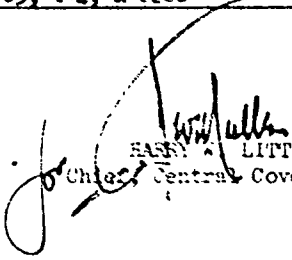
SECRET

5 July 1960

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel

SUBJECT : E. Howard HUNT

1. Cover arrangements are in process, and/or have been completed for the above-named Subject.
2. Effective immediately, it is requested that your records be properly blocked ~~referred to deny acknowledge~~ Subject's current Agency employment to an external inquirer.
3. This memorandum confirms an oral request of 1 July 1960
Richard J. Bludeau, 2-1005, T-4, X-8266.


HARRY A. LITTLE, JR.
Chief, Central Cover Division

cc: SSD/OS

SECRET

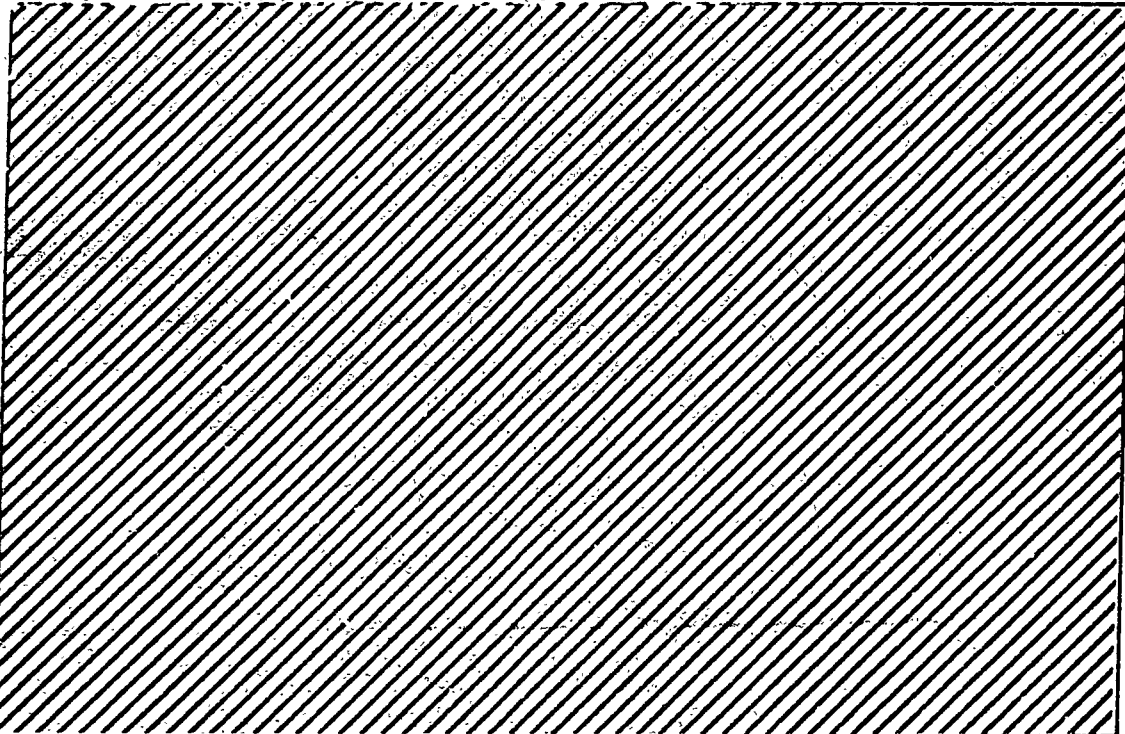
**THIS MEMO MUST REMAIN
ON TOP OF FILE**

(4-13-40)

ET

SECRET

(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

W. S. Howard, E.

NAME AND RELATIONSHIP OF DEPENDENT*

Daughter - Lisa

CLAIM NUMBER

60-1192

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on *December 11.*

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

25 July 1960

SIGNATURE OF BSD REPRESENTATIVE

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
13 October 1960

1. SERIAL NUMBER: 13842
2. NAME (Last-First-Middle): HUNT, E. Howard

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT (TEMPORARY)*
4. EFFECTIVE DATE: 30-10-60
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: [Symbol]
7. COST CENTER NO. CHARGEABLE: 1535-5000-0021
8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS: DDP/WH Division Branch 4
10. LOCATION OF OFFICIAL STATION: WASHINGTON, D.C.

11. POSITION TITLE: ~~ADMINISTRATIVE OPERATIONS OFFICER~~
12. POSITION NUMBER: XXXXX
13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, AF, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 15 (5)
17. SALARY OR RATE: \$15,030

18. REMARKS:
DDP/WH/2, Montevideo, BAF-162 Tracy TH
*UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE HEAD OF YOUR CAREER SERVICE DIRECTS.
DPS: 08-16-53
PSI: 02-05-61

19. SIGNATURE OF REQUESTING OFFICIAL: Herbert V. Juul, C/WH/2 Pers.
20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [Signature]

TABLE WITH 30 COLUMNS: 21. SERVICE CODE NO., 22. START LN CODE, 23. RESERVE CODE, 24. GRADE CODE, 25. DATE OF BIRTH, 26. DATE OF DEATH, 27. DATE OF US CITIZENSHIP, 28. SOCIAL SECURITY NO., 29. SPECIAL PAY, 30. SPECIAL PAY DATA, 31. SPECIAL PAY DATA, 32. SPECIAL PAY DATA, 33. SPECIAL PAY DATA, 34. SPECIAL PAY DATA, 35. SPECIAL PAY DATA, 36. SPECIAL PAY DATA, 37. SPECIAL PAY DATA, 38. SPECIAL PAY DATA, 39. SPECIAL PAY DATA, 40. SPECIAL PAY DATA

45. POSITION CONTROL CERTIFICATION: [Signature]
46. D.P. APPROVAL: [Signature]

ALS:25 NOV 1960

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION										
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)								
013842		HUNT E HOWARD								
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT (TEMPORARY)*				11 25 60		REGULAR				
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		
CF TO V		X		CF TO CF		1535 5000 0021		50 USC 403		
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION					
DDP WH DIVISION BRANCH 4					WASH., D.C.					
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER					0000		D			
14. CLASSIFICATION SCHEDULE (GS, WD, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS			0136.01		15 5		15030			
18. REMARKS *UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE -HEAD OF YOUR CAREER SERVICE DIRECTS.										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOYER CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MONTHS	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI
37	10	64450	WH	75013		1	10	09	18	
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA		33. SECURITY REQ NO	34. SER	
						EOD DATA				
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. MIL SERV. CREDIT LCO		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION										
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 12/01/60 WJS </div>										

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 513842		2. NAME HOWARD E HUNT			3. ASSIGNED ORGAN DDP/WH UNASS.		4. FUNDS UV		5. ALLOTMENT		
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS 15	5	\$15,030	08	09	59	GS 15	8	\$15,290	02	05	'61
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT						13. REMARKS THIS CANCELS PSI EFFECTIVE 02/05/61. ADMINISTRATIVE ERROR.					
14. AUTHENTICATION											
POSTED TO 2806 <i>JK</i> OBLIGATION APPROVED											
PAY CHANGE NOTIFICATION											

FORM 560
2-59

560 OBSOLETE PREVIOUS EDITION
REPLACES FORM 560A AND 560B

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

SECRET
(When Filled In)

1. Serial No. 513842		2. Name HUNT E HOWARD			3. Cost Center Number DDP/WH UV UV			4. LWOP Hours		
5. OLD SALARY RATE					6. NEW SALARY RATE				7. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 15	5	\$15,030	08/09/59	15	8	\$15,290	02/05/61			
8. Remarks and Authentication										
NO EXCESS LWOP										
IN PAY STATUS AT END OF WAITING PERIOD										
IN LWOP STATUS AT END OF WAITING PERIOD										
<i>JK</i>										
PAY CHANGE NOTIFICATION										

Form 560

Obsolete Previous Edition

SECRET

(4-51)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D	HUNT E HOWARD	513842	46 51	GS-15 5	\$13,970	\$15,030

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED			
1. SERIAL NUMBER 0500 ✓		2. NAME (Last-First-Middle) E. HOWARD								DATE PREPARED 15 November 1961			
3. NATURE OF PERSONNEL ACTION Reassignment					4. EFFECTIVE DATE REQUIRED MONTH DAY YEAR 11 28 61			5. CATEGORY OF EMPLOYMENT Regular					
6. FUNDS ▶		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 2121-1000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
CF TO V		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS DDP/CA Staff Plans and Research Group Evaluation Branch								10. LOCATION OF OFFICIAL STATION Washington, D.C.	
11. POSITION TITLE Asst. Chief - CA					12. POSITION NUMBER 0074		13. CAREER SERVICE DESIGNATION 2						
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 213602		16. GRADE AND STEP 5		17. SALARY OR RATE 15030 ✓						
18. REMARKS FROM: DDP/WH/Br 4/Temporary 1cc - Payroll 1cc - Security <i>Called Security</i> B													
19A. SIGNATURE OF REQUESTING OFFICIAL <i>Russell</i>				DATE SIGNED 16 Nov 1961		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>A. L. Lipp</i>				DATE SIGNED 11 Nov 61			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
20. ACTION CODE		21. EMPLOY CODE		22. OFFICE CODE		23. PAY GRADE		24. PAY RATE		25. DATE OF BIRTH			
57		10		44200 CA		1		10 109 18					
26. NYS EMP REC		27. SPECIAL REFERENCE		28. RET. SECT. DATA		29. RET. DATA		30. CORRECTION/CANCELLATION DATA		31. SICK LEAVE			
								FOD DATA					
32. ALT. PREFERENCE		33. SERA. COMP. DATE		34. LVA. COMP. DATE		35. MIL. SERA. AUTHORIZED		36. SEC. / MIL. / RES. BANDS		37. SEC. / MIL. / RES. BANDS			
38. PREVIOUS EMPLOYMENT SERVICE DATA				39. MILITARY DATA		40. FEDERAL TAX DATA		41. OTHER DATA					
1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 12 MO.) 4 - BREAK IN SERVICE (MORE THAN 12 MO.)				42. MILITARY CODE		43. FEDERAL EMPLOY. LAW		44. FORMER EMPLOYER		45. OTHER DATA			
46. POSITION CONTROL CERTIFICATION GWA 11-28-61				47. O.P. APPROVAL <i>A. L. Lipp</i>				48. DATE APPROVED 17 Nov 61					

PSC: 29 DEC 1961

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1 SERIAL NUMBER		2 NAME (LAST-FIRST MIDDLE)											
013842		HUNT E HOWARD											
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT							
REASSIGNMENT				11 26 61		REGULAR							
6 FUNDS		V TO V		V TO CF		7 COST CENTER NO (CHARGEABLE)		8 CSC OR OTHER LEGAL AUTHORITY					
CF TO V		X		CF TO CF		2121 1000 1000		50 USC 403 J					
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION							
DDP CA STAFF PLANS AND RESEARCH GROUP EVALUATION BRANCH						WASH., D.C.							
11 POSITION TITLE				12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION							
OPS OFFICER CH.				0274		D							
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE						
GS			0136.01		15 5		15030						
18 REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGREE CODE	24 HEIGHTS CODE	25 DATE OF BIRTH			26 DATE OF GRADE		27 DATE OF LEI	
37	10	44200	CA	75013		1	10	09	18				
28 DATE EXPIRES		29 SPECIAL REFERENCE	30 RETIREMENT DATA		31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA			33 SECURITY REQ. NO	34 SER			
MO DA YR			1 CSC 2 FICA 5 NONE		CODE	TYPE MO DA YR			EOD DATA				
35 VET. PREFERENCE		36 SERV COMP DATE		37 LONG. COMP. DATE		38 MIL SERV CREDIT/LCD		39 FEGLI / HEALTH INSURANCE			40 SOCIAL SECURITY NO		
CODE		MO DA YR		MO DA YR		1 YES 2 NO		CODE CODE N. WRITER HEALTH INS CODE					
41 PREVIOUS GOVERNMENT SERVICE DATA				42 LEAVE CAT. CODE	43 FEDERAL TAX DATA			44 STATE TAX DATA					
CODE					FORM EXECUTED; CODE NO. TAX EXEMPTIONS			FORM EXECUTED CODE NO TAX ENEMP STATE CODE					
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)					1 YES 2 NO			1 - YES 2 - NO					
SIGNATURE OR OTHER AUTHENTICATION													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0;"><i>mlh 01-04-62</i></p> </div>													

SECRET

(When Filled In)

PSC: 26 JAN 62

OCF NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 01 3942		2. NAME (LAST-FIRST MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE 01 29 62
5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V	V TO CF
CF TO V		X	CF TO CF
7. COST CENTER NO. CHARGEABLE 2121 1000 1000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP, CA STAFF OFFICE OF THE CHIEF			10. LOCATION OF OFFICIAL STATION WASH., D.C.
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 0454
13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LP, etc) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 5
17. SALARY OR RATE 15030			
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 41100 ALPHABETIC: CA		22. STATION CODE 75013	23. INTEGRATED CODE	24. Hdqtrs Code 1	25. DATE OF BIRTH 10 09 18	26. DATE OF GRADE NO DA YR	27. DATE OF LEI NO DA YR
28. NTE EXPIRES NO DA YR		29. SPECIAL REFERENCE 20	30. RETIREMENT DATA 1. CSC 2. FICA 3. NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO DA YR			33. SECURITY REQ NO	34. SER
35. VET. PREFERENCE CODE 0 NONE 1 5 PT 2 10 PT		36. SERV COMP DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. MIL SERV CREDIT/LCD 1. YES 2. NO	39. REG'T. HEALTH INSURANCE CODE 0 NO 1 YES	40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 NO PREVIOUS SERVICE 2 BREAK IN SERVICE (LESS THAN 12 MOS) 3 BREAK IN SERVICE (MORE THAN 12 MOS)			42. LEAVE LAT CODE	43. FEDERAL TAX DATA FORM ENDED CODE NO TAX DEDUCTIONS 1. YES 2. NO		44. STATE TAX DATA CODE NO TAX STATE CODE LAEMP			

EOD DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED
[Signature]

326 1-26-62

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED		
1. SERIAL NUMBER 013842			2. NAME (Last-First-Middle) Hunt, E. Howard			29 May 1962	
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 01 62		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS		7. COST CENTER NO. CHARGEABLE 3129-1000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/DODS Facilities Branch Research and Publications Section				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE Ops. Officer-3Ch			12. POSITION NUMBER -D-14 0092		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0316.01		16. GRADE AND STEP 15 5		17. SALARY OR RATE 15,030.00	
18. REMARKS PRA Requested per R - 20-10, para 10C(2) for a period of 90 days. DDP/CA Staff Office of the Chief/454 - 1 CONCUR: Helen Ingraham (By Phone) CSID <i>[Signature]</i>							
18A. SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i> Virginia C. Lynch, DODS/Pers.			DATE SIGNED 4 May 62		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>		DATE SIGNED 4/62
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. OFFICE CODE		21. OFFICE CODE NO.		22. STAT. IN. CODE		23. WTD. CODE	
20. DATE EMP. REF.		24. SPEC. REFERENCE		25. REL. EMP. DATA		26. SEPARATION DATA CODE	
27. VET. PREFERENCE		28. SER. COMP. DATE		29. LONG. COMP. DATE		30. MIL. SER. DATA/LEO	
31. PREVIOUS DEPARTMENT SERVICE DATA		32. FEDERAL TAX DATA		33. STATE TAX DATA		34. SECURITY NO.	
35. POSITION CONTROL CERTIFICATION		36. O.P. APPROVAL		37. DATE APPROVED		38. SECURITY NO.	

BWS: 21 JUNE 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
JCF												
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)										
013842		HUNT E HOWARD										
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						07 01 62			REGULAR			
6. FUNDS		V TO V		V TO CF		7. LOST CENTER NO. UNCHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		3129 1000 1000			50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDP DODS FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION						WASH., D. C.						
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION						
OPS OFFICER CH				0092		D						
14. CLASSIFICATION (SCHEDULE (GS, LB, etc.))			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS			0136.01		15 5		15030					
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MONTH	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37	10	53400	DODS	75013	1	10	09 18					
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		EOD DATA		33. SECURITY REQ NO.	34. SEN	
		80										
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. MIL SERV CREDIT/LCO		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO		
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT	43. FEDERAL TAX DATA			44. STATE TAX DATA				
SIGNATURE OR OTHER AUTHENTICATION												
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>[Signature]</i> </div>												

Base 6-22-62

ABM: 17 SEPT 62

SECRET
(When Filled In)

OCF										NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER					2. NAME (LAST-FIRST-MIDDLE)					3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT						
013842					HUNT E HOWARD					REASSIGNMENT					09 16 62		REGULAR						
6. FUNDS		V TO V		V TO CP		CP TO V		CP TO CP		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY										
▶						X				3129 2000 1000			50 USC 403 J										
9. ORGANIZATIONAL DESIGNATIONS										10. LOCATION OF OFFICIAL STATION													
DDP DODS US FIELD FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION										WASH., D. C.													
11. POSITION TITLE										12. POSITION NUMBER					13. CAREER SERVICE DESIGNATION								
OPS. OFFICER CH										0092					D								
14. CLASSIFICATION SCHEDULE (GS, LB, etc)					15. OCCUPATIONAL SERIES					16. GRADE AND STEP					17. SALARY OR RATE								
GS					0136.01					15 5					15030								
18. REMARKS																							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																							
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING				22. STATION CODE		23. INTEGREE CODE		24. MONTHS		25. DATE OF BIRTH			26. DATE OF GRADE			27. DATE OF LEI			
37		10		53400 DODS				75013				2		10 09 18									
28. NTE EXPIRES				29. SPECIAL REFERENCE				30. RETIREMENT DATA				31. SEPARATION DATA CODE				32. CORRECTION/CANCELLATION DATA				33. SECURITY REG. NO.		34. SEN	
				80												EOD DATA							
35. VET. PREFERENCE				36. SERV COMP DATE				37. LONG COMP DATE				38. CAREER CATEGORY				39. FEGLI/HEALTH INSURANCE				40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA								42. LEAVE CAT CODE				43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)												FORM EXECUTED 1 - YES 2 - NO				NO TAX EXEMPTIONS 1 - YES 2 - NO				FORM EXECUTED 1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION																							
BOB 9/17/62										09-17-62													

FORM 4-62 1150

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In) (4-81)

SECRET

NOTIFICATION OF ESTABLISHMENT OF [REDACTED] COVER BACKSTOP		DATE 21 September 1962
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR
	<input type="checkbox"/> CHIEF, OPERATING COMPONENT - [REDACTED]	HUNT, E. Howard
ATTN:	Miss Lynch	FILE NO. 1088
REF:	Form 1322 MEM dtd 29 Aug 62 requesting cover [REDACTED] COVER BACKSTOP ESTABLISHED	ID CARD NO.
<input checked="" type="checkbox"/> BLOCK RECORDS: (OPMEMO 20-800.11) a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____ b. CONTINUING, EFFECTIVE _____ EOD _____ <input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. (HB 20-800.2) <input checked="" type="checkbox"/> ASCERTAIN THAT [REDACTED] BEING ISSUED. (HB 20-661.1) <input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (R 240-250) <input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (R 240-250) <input type="checkbox"/> REMARKS:		
<p>THIS MESSAGE BELONGS TO THE OFFICE OF THE [REDACTED]</p> <p><i>[Signature]</i></p> <p>ALR/pp CHIEF, MILITARY COVER, CCG</p>		
<input type="checkbox"/> COPY TO CPD/OP 45-136 DISTRIBUTION: 1-OSD/OS, 1-PSD/OS, 1-ADPD/COMPT		

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1967.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
MUNT E HOWARD	013842	43	400	CF GS-15 6	\$16,965	\$18,240

1 Serial No.		2 Name		3 Cost Center Number		4 LWOP Hours				
013842		HUNT, E. HOWARD		53 400 CF						
5 OLD SALARY RATE				6 NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS-15	5	\$16,485	08/09/59	GS-15	6	\$16,965	12/09/62			
8 Remarks and Authentication										
<p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>R H Curran</i> DATE: 7 November 1966</p>										
<p>PAY CHANGE NOTIFICATION <i>McC</i></p>										

Form 9-61 560

Obsolete Previous Edition

(4-31)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-794 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 18 OCTOBER 1967

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
MUNT E HOWARD	013842	53400	CF	15 5	\$15030	\$16485

SECRET

18 Apr 64 Ed 1a

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)				9 July 1964	
013842		HUNT, E. Howard					
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT	
Reassignment				MONTH DAY YEAR 08 16 64		Regular	
6 FUNDS		7 COST CENTER NO. CHARGE-ABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
V TO V C TO V		V TO C C TO C		5129-0253			
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OF OFFICIAL STATION			
DDP/DOD U.S. Field C A Staff				Washington, D.C.			
11 POSITION TITLE				12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION	
Ops Officer - CH				(15) 0280		D	
14 CLASSIFICATION SCHEDULE (G.V. L.B. etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE	
GS-15		0126.01		15 06		\$18,240	
18 REMARKS							
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> dated for CSJD LCA </div>							
19 SIGNATURE OF REQUESTING OFFICER				DATE SIGNED		19 SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
Virginia C. Lynch				9 July 64		Ronald Gage 7/21/64	
VIRGINIA C. LYNCH, DO/Pers							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING		22 STATION CODE	
37 10				NUMERIC ALPHABETIC 12200 601		75012	
23 INTEGREE CODE		24 MDTIRS CODE		25 DATE OF BIRTH		26 DATE OF GRADE	
2		10		MO DA YR 10 09 18		MO DA YR	
28 NTE EXPIRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE	
MO DA YR # 12/1/64				1-ESC 3-FHA 5-NONE		TYPE MO DA YR	
32 CORRECTION CANCELLATION DATA		33 SECURITY REQ NO		34 SEN		EOD DATA	
35 VET. PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY	
CODE 0-NONE 1-5 PT 2-10 PT		MO DA YR		MO DA YR		CODE CODE 0-WAITER 1-YES	
39 FEDERAL HEALTH INSURANCE		40 SOCIAL SECURITY NO		41 PREVIOUS GOVERNMENT SERVICE DATA		42 LEAVE CAT CODE	
CODE CODE 0-WAITER 1-YES		HEALTH INS. CODE		0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		CODE CODE 1-YES 2-NO	
43 FEDERAL TAX DATA		44 STATE TAX DATA		45 POSITION CONTROL CERTIFICATION		46 O.P. APPROVAL	
CODE CODE NO TAX EXEMPTIONS 1-YES 2-NO		CODE CODE NO TAX EXEMPTIONS 1-YES 2-NO		30 30		Ronald Gage 7/21/64	
47 FEDERAL TAX DATA		48 STATE TAX DATA		49 POSITION CONTROL CERTIFICATION		50 DATE APPROVED	
CODE CODE NO TAX EXEMPTIONS 1-YES 2-NO		CODE CODE NO TAX EXEMPTIONS 1-YES 2-NO					

RZR: 31 JUL 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 013842	2. NAME (LAST-FIRST-MIDDLE) HUNT E HOWARD
----------------------------	--

3. NATURE OF PERSONNEL ACTION REASSIGNMENT	4. EFFECTIVE DATE NO. DA. YR 08 03 64	5. CATEGORY OF EMPLOYMENT REGULAR
---	---	--------------------------------------

6. FUNDS	V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE 5123 0253 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
	CF TO V	CF TO CF		

9. ORGANIZATIONAL DESIGNATIONS DDP/DOD US FIELD CA STAFF	10. LOCATION OF OFFICIAL STATION WASH., D.C.
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11. POSITION TITLE OPS OFFICER CH	12. POSITION NUMBER 0280	13. SERVICE DESIGNATION D
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14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 6	17. SALARY OR RATE 18240
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18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 43200 DOD	22. STATION CODE 75013	23. INTEGREE CODE	24. MONTHS 2	25. DATE OF BIRTH MO DA YR 10 03 18	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. NTE EXPIRES MO DA YR XX XX XX	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CAC 2. FICA 3. NONE	31. SEPARATION DATA CODE	32. CORRECTION-CANCELLATION DATA TYPE MO DA YR	EOD DATA		33. SECURITY REQ NO.	34. SEN
35. VET. PREFERENCE CODE 0 NONE 1 5 YR. 2 10 YR	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY PERM TEMP	39. FEGLI / HEALTH INSURANCE CODE CODE 0 WAIVER HEALTH INS CODE 1 YES	40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE 1 - YES 2 - NO			

SIGNATURE OR OTHER AUTHENTICATION

POSTED
12 AUG 1964

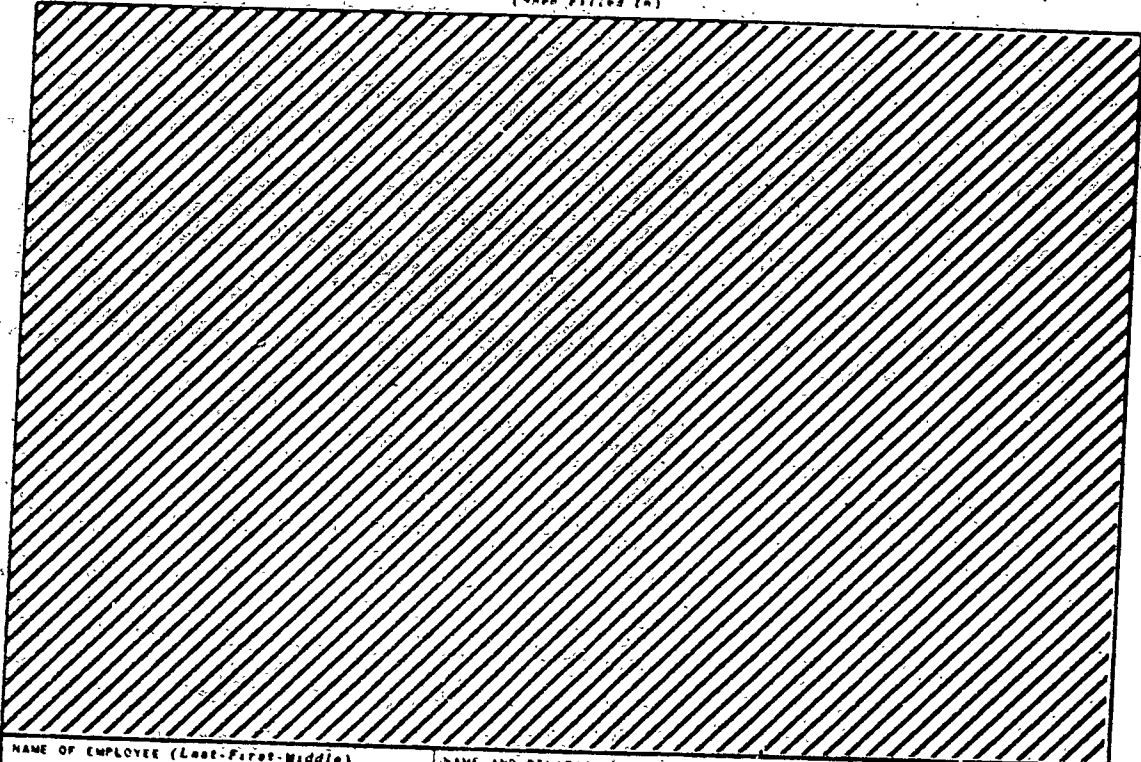
31 JUL 64

SECRET

REQUEST FOR PERSONNEL ACTION				DATE PREPARED					
1. SERIAL NUMBER 01342		2. NAME (Last-First-Middle) HUNT, E. Howard		16 February 1965					
3. NATURE OF PERSONNEL ACTION TRANSFER and to Vouchered Funds			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 15 65		5. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS X V TO V CF TO V		7. COST CENTER NO. CHARGEABLE 5220-0001		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS OFFICE OF THE CHIEF OF DEFENSE SERVICES OPERATION GROUP				10. LOCATION OF OFFICIAL STATION WASH., D.C.					
11. POSITION TITLE CPS OFFICER			12. POSITION NUMBER 0390		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 7		17. SALARY OR RATE 19880			
18. REMARKS FROM DOD/PUS FAD/10/0H START This employee is the only qualified person available for assignment to this position which must be filled immediately. He will be in PRA status for a period not to exceed 24 months. PRA in accordance with Regulation III 20-21 paragraphs c (3). Verbal concurrence from DOD's per CC: Payroll Bill Michael 2/19/65 Security Security 2/19/65 125									
18A. SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 16		20. EMP. CODE 10		21. SERVICE CODE 3		22. STATE IN CODE 33		23. DATE OF BIRTH 10 09 18	
24. DATE OF GRAD. 08 16 53		25. DATE OF LEA. 12 10 64		26. SECURITY REF. NO.		27. SER. NO.		28. SEC. NO.	
29. VET. PREFERENCE 0 = NONE 1 = 5 yr 2 = 10 yr		30. CAREER CATEGORY CAP/REG PROV/TEMP		31. FED. / HEALTH INSURANCE 0 = NO SER 1 = YES		32. SOCIAL SECURITY NO.		33. SER. NO.	
34. PREVIOUS GOVERNMENT SERVICE DATA 0 = NO PREVIOUS SERVICE 1 = NO BREAK IN SERVICE 2 = BREAK IN SERVICE (LESS THAN 3 YRS) 3 = BREAK IN SERVICE (MORE THAN 3 YRS)		35. FEDERAL TAX DATA FORM EMPLOYEE 1 = YES 2 = NO		36. STATE TAX DATA FORM EMPLOYEE 1 = YES 2 = NO		37. STATE TAX DATA FORM EMPLOYEE 1 = YES 2 = NO		38. STATE CODE	
39. POSITION CONTROL CERTIFICATION 2-19-65 HWT (2)				40. O.P. APPROVAL [Signature]		DATE APPROVED 17 Feb 65			

H
232

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
Hunt, E. Howard	Self	65-607

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 12 October 1964.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 10/12/64	SIGNATURE OF BSD REPRESENTATIVE <i>[Signature]</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED											
1 SERIAL NUMBER 013542		2 NAME (Last-First-Middle) HURT, E. HOWARD				5 APRIL 1965											
3 NATURE OF PERSONNEL ACTION REASSIGNMENT-COMMOTION			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 10 65		6 CATEGORY OF EMPLOYMENT REGULAR												
7 FUNDS V TO V CF TO V		8 V TO CF CF TO CF		7 COST CENTER NO CHARGE-ABLE 5120-0001		8 LEGAL AUTHORITY (Completed by Office of Personnel)											
9 ORGANIZATIONAL DESIGNATIONS OFFICE OF THE DDP OPERATIONS Group Group				10 LOCATION OF OFFICIAL STATION WASH., D.C.													
11 POSITION TITLE OPS OFFICER			12 POSITION NUMBER 0350		13 CAREER SERVICE DESIGNATION D												
14 CLASSIFICATION SCHEDULE (GS, LB, etc) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15 7		17 SALARY OR RATE \$ 19300											
18 REMARKS Correct action dated 2/20/65 to delete transfer to vouchered funds. Correct Cost Center chargeable to 5120-0001 funds. Section 6 to read CF to CF. Admin Error - CC: Payroll Security																	
18A SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE		23 INTEGREE CODE		24 HQ/RS CODE		25 DATE OF BIRTH MO DA YR 1 10 09 18		26 DATE OF GRADE MO DA YR		27 DATE OF LEI MO DA YR	
28 WTE EMPHAS		29 SPECIAL REFERENCE 02 27 67		30 RETIREMENT DATA 1-USE 2-FIELD 3-NONE		31 SEPARATION DATA CODE		32 CORRECTION CANCELLATION DATA TYPE MO DA YR		33 SECURITY REQ NO		34 SER		EOD DATA →			
35 VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36 SERV COMP DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 CAREER CATEGORY LAP/RSV PROV TEMP		39 FEGLI HEALTH INSURANCE CODE CODE 0-NONE 1-YES		40 SOCIAL SECURITY NO							
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS									
45 POSITION CONTROL CERTIFICATION 4/5/65 HH						46 OP-APPROVAL Charles E. ...		DATE APPROVED 5 April 65									

DLB: 9 APR 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)											
013842		HUNT E HOWARD											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
REASSIGNMENT (CORRECTION)				02 28 65		REGULAR							
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY									
V TO V		5120 0001 0000		50 USC 403 J									
CF TO V		A		CF TO CF									
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION									
DDP OFFICE OF THE DDP OPERATIONS GROUP				WASH., D. C.									
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION							
CPS OFFICER				0390		0							
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE							
GS		0136.01		15 7		19880							
18. REMARKS													
THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 02/28/65 AS FOLLOWS: ITEM #3, NATURE OF PERSONNEL ACTION, TO DELETE TRANSFER TO VOUCHERED FUNDS. ITEM #6, FUNDS, WHICH READ CF TO V, TO READ CF TO CF. ITEM #7, COST CENTER NO. CHARGEABLE, WHICH READ 5220 0001 0000, TO READ 5120 0001 0000.													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MAJOR CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET	
58	10	30100 DDP		75013		1		10 09 18					
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO		34. SER			
NO DA YR		03	1 - CSC 2 - FICA 3 - NONE			16 02 28 65		EOD DATA					
35. WFT. PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEELI / HEALTH INSURANCE		40. SOCIAL SECURITY NO			
CODE		NO DA YR		NO DA YR		CODE		CODE		CODE			
0 - NONE 1 - 50% 2 - 100%								0 - DRIVER 1 - YES					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT.		43. FEDERAL TAX DATA		44. STATE TAX DATA					
CODE				CODE		CODE		CODE					
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS				1 - YES 2 - NO		NO TAX EXEMPTIONS		1 - YES 2 - NO					
SIGNATURE OR OTHER AUTHENTICATION													
<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <p style="font-size: 24px; margin: 0;">POSTED</p> <p style="font-size: 36px; margin: 0;">4-7-65</p> </div>													

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

17 JUNE 1965 ✓

1 SERIAL NUMBER 013842		2 NAME (Last-First-Middle) HUNT, E. HOWARD	
3 NATURE OF PERSONNEL ACTION RESIGNATION			4 EFFECTIVE DATE REQUESTED MONTH: 7 DAY: 3 YEAR: 65
5 CATEGORY OF EMPLOYMENT REGULAR			6 LEGAL AUTHORITY (Completed by Office of Personnel)
7 FUNDS V TO V CF TO V	V TO CF XX	V TO CF	8 COST CENTER NO CHARGEABLE 6120-0001
9 ORGANIZATIONAL DESIGNATIONS DDP OFFICE OF THE DDP OPERATIONS GROUP		10 LOCATION OF OFFICIAL STATION WASHINGTON, D. C.	
11 POSITION TITLE OPS OFFICER		12 POSITION NUMBER 0390	13 CAREER SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (G.S. / B. / A.) GS	15 OCCUPATIONAL SERIES 0136.01	16 GRADE AND STEP 15 7	17 SALARY OR RATE \$ 19,880.
18 REMARKS SUBJECT IS RE-EMPLOYABLE.			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Recorded 6-1 WT </div>			
18A SIGNATURE OF REQUESTING OFFICIAL <i>Rushmore</i>		DATE SIGNED	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Rushmore</i>
			DATE SIGNED <i>6/24/65</i>
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE 45	20 EMPLOY CODE 16	21 OFFICE CODING NUMERIC: ALPHABETIC	22 STATION CODE
23 INTEGRAL CODE	24 MONTHS CODE 1	25 DATE OF BIRTH MO: 10 DA: 09 YR: 11	26 DATE OF GRADE MO: DA: YR:
27 DATE OF LEI MO: DA: YR:	28 W/ EXPIRES MO: DA: YR:	29 SPECIAL REFERENCE 1-CSC 3-TICA 5-WOM	30 RETIREMENT DATA CODE: 1-13F, 00, 17, 1
31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE: MO: DA: YR:	EOD DATA →	
33 SECURITY REQ. NO.	34 SEX	35 VET PREFERENCE CODE: 0-NONE 1-5 PT 2-10 PT	36 SERV COMP DATE MO: DA: YR:
37 LONG COMP DATE MO: DA: YR:	38 CAREER CATEGORY CODE: CAR-PCA PROB/TEMP	39 FEGLI-HEALTH INSURANCE CODE: CODE: 0-WAIVER 1-YES HEALTH INS. CODE	40 SOCIAL SECURITY NO.
41 PREVIOUS GOVERNMENT SERVICE DATA CODE: 0-NONE PREVIOUS SERVICE 1-NONE BREAK IN SERVICE 2-BRIEF IN SERVICE (LESS THAN 3 YEARS) 3-BRIEF IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT CODE:	43 FEDERAL TAX DATA FORM EXECUTED: 1-YES 2-NONE CODE: NO TAX EXEMPTIONS
		44 STATE TAX DATA FORM EXECUTED: 1-YES 2-NONE CODE: NO TAX EXEMPT STATE CODE	
45 POSITION CONTROL CERTIFICATION <i>6/24/65</i> <i>WT</i>		46. O.P. APPROVAL <i>E. A. Doughty</i> 7/13/65	
		DATE APPROVED	

PJH: 16 JUL 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 013842		2. NAME (LAST-FIRST MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION RESIGNATION		4. EFFECTIVE DATE NO. DA YR 07 03 65	
5. CATEGORY OF EMPLOYMENT REGULAR		6. COST CENTER NO. CHARGEABLE 6120 0001 0000	
7. FUNDS		8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS DDP/OFFICE OF THE DDP OPERATIONS GROUP		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0390	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 7	17. SALARY OR RATE 19880
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH MO. DA YR 10 09 18		26. DATE OF GRADE MO. DA YR		27. DATE OF LEI MO. DA YR	
28. NTE EXPIRES MO. DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - YES 2 - PICA 3 - NONE		31. SEPARATION DATA CODE 18F0071		32. CORRECTION/CANCELLATION DATA TYPE NO. DA YR		33. SECURITY REQ NO		34. SER
35. VET PREFERENCE 0 - NONE 1 - 5 PT 2 - 10 PT		36. SERV COMP. DATE MO. DA YR		37. LONG COMP. DATE MO. DA YR		38. CAREER CATEGORY L-40 2111 POL-11 1111		39. FEELI - HEALTH INSURANCE CODE 0 - NO YES HEALTHING CODE 1 - YES		40. SOCIAL SECURITY NO		
41. PREVIOUS GOVERNMENT SERVICE DATA 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 2 YRS 3 - BREAK IN SERVICE (MORE THAN 2 YRS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX ABSEPTIONS 1 - YES 2 - NO				44. STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CODE 1 - YES 2 - NO		

SIGNATURE OR OTHER AUTHENTICATION

POSTED

JUL 19 1965

SECRET

NOTIFICATION OF ESTABLISHMENT OF [] COVER BACKSTOP		DATE 20 July 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR DDP HUNT, E. Howard
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	
ATTN:	Admin Staff	FILE NO. 1008
REF:	Resignee Backstop Debriefing	ID CARD NO.
	COVER BACKSTOP ESTABLISHED	EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

Block Records: (OPMEMO 20-800-11) Resignation effective 3 Jul 65

- a. Temporarily for _____ days, effective _____
- b. Continuing, effective EOD Oct 49

NA Submit Form 642 to change limitation category. (HMB 20-7)

NA Ascertain that [] being issued. (HB 20-661-1)

NA Submit Form 1322 for any change affecting this cover. (R 240-250)

NA Submit Form 1323 for transferring cover responsibility. (R 240-250)

Remarks:

Cover History

Dec50-Mar53	Mexico	[]	Jun54-Oct56	Japan
Dec56-Jul60	Uruguay	[]	Jul60-Jul65	Hdqs []

Forwarding Address:
5029 Milwood La.
Washington, D.C.
Employment Address:

James J. Franklin
round RDD/al CHIEF, MILITARY COVER, ECC

*Continuing
per
Mack
11/1/65*

DISTRIBUTION: Copy 1-POD. Copy 2-Operating Component Copy 3-OS D/OS. Copy 4-CL/TELSVC. Copy 5-PSD/OS. Copy 6-File.

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED
1 SERIAL NUMBER 013842		2 NAME (Last-First-Middle) HUNT, E. HOWARD		9 SEPTEMBER 1966		
3 NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT (Career)			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 18 66		5 CATEGORY OF EMPLOYMENT REGULAR	
6 FUNDS XX		7 COST CENTER NO. CHARGEABLE 7230-1184		8 LEGAL AUTHORITY (Completed by Office of Personnel)		
9 ORGANIZATIONAL DESIGNATIONS DDP/WE OPERATIONS STAFF INTERNAL SECTION			10 LOCATION OF OFFICIAL STATION WASHINGTON, D.C.			
11 POSITION TITLE OPS OFFICER (15)		12 POSITION NUMBER 0020		13 CAREER SERVICE DESIGNATION D		
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15-7		17 SALARY OR RATE \$ 21192
18 REMARKS Subject terminated staff status July 1965. Picked-up as a Contract Employee, and the termination of Contract Status will be effective 17 September 1966. <i>Terminated off Contract Employee according to Sign cc Security cc Payroll * Former Contract Employee. Reinstated with Case C-07/54</i>						
19A SIGNATURE OF REQUESTING OFFICIAL <i>Richard F. Westerman</i>		DATE SIGNED		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Ronald Gage</i>		DATE SIGNED <i>19 Sept 66</i>
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19 ACTION CODE 11	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 50845 WE		22 STATION CODE 75013	23 INTEGER CODE	24 HQ/RS CODE 1
25 DATE OF BIRTH MO DA YR 10 10 18		26 DATE OF GRADE MO DA YR 05 16 53		27 DATE OF LES MO DA YR 12 06 67		
28 NTE EXPIRES MO DA YR		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1-ESA 2-SEA 3-NRA 4-NCR		31 SEPARATION DATA CODE
32 CORRECTION (CANCELLATION) DATA TYPE MO DA YR		33 SECURITY REG NO 48130		34 SEX M		
35 VET PREFERENCE 0-NONE 1-5 PT 2-10 PT		36 SERV COMP DATE MO DA YR 05 17 45		37 LONG COMP DATE MO DA YR 11 05 44		38 CAREER CATEGORY CODE C-1
39 FEELI HEALTH INSURANCE CODE 2-NAVES 1-YES		40 SOCIAL SECURITY NO 136-65-472				
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NONE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT CODE 8		43 FEDERAL TAX DATA FORM EXECUTED CODE 1 113		44 STATE TAX DATA FORM EXECUTED CODE 1 6 19
45 POSITION CONTROL CERTIFICATION				46 O.P. APPROVAL <i>Richard F. Westerman</i>		DATE APPROVED

FORM: 28 SEPT 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 013842
2. NAME (LAST FIRST MIDDLE): HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION: EXCEPTED APPT CAREER
4. EFFECTIVE DATE: 09 13 66
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: X (V TO V, CF TO V)
7. COST CENTER NO. CHARGEABLE: 7236 1184 0000
8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS: DDP/WE OPERATIONS STAFF INTERNAL SECTION
10. LOCATION OF OFFICIAL STATION: WASH., D.C.

11. POSITION TITLE: OPS OFFICER
12. POSITION NUMBER: 0020
13. SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 15.7
17. SALARY OR RATE: 21192

18. SPECIAL COMMENTS: FORMER CONTRACT EMPLOYEE. REINSTATE SICK LEAVE.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

Table with 19 columns: 19 ACTION CODE, 20 EMPLOY CODE, 21 OFFICE CODING, 22 STATION CODE, 23 INTEGREE CODE, 24 ADDRESS CODE, 25 DATE OF BIRTH, 26 DATE OF GRADE, 27 DATE OF LEI, 28 NTE EXPIRES, 29 SPECIAL REFERENCE, 30 RETIREMENT DATA, 31 SEPARATION DATA CODE, 32 CORRECTION, CANCELLATION DATA, 33 SECURITY REG NO, 34 SER, 35 VET PREFERENCE, 36 SERV COMP DATE, 37 LONG COMP DATE, 38 CAREER CATEGORY, 39 FEGLI/HEALTH INSURANCE, 40 SOCIAL SECURITY NO, 41 PREVIOUS GOVERNMENT SERVICE DATA, 42 LEAVE CAT CODE, 43 FEDERAL TAX DATA, 44 STATE TAX DATA.

SIGNATURE OR OTHER AUTHENTICATION

POSTED
09-27-66
SECRET

14

11/50

TAX DIV

1 SERIAL NO		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS	
013842		HUNT E HOWARD		46 050		CF			
6 OLD SALARY RATE				7 NEW SALARY RATE				8 TYPE ACTION	
Grade	Step	Salary	Lea Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS 15	7	\$21,192	12/06/64	GS 15	8	\$21,799	12/03/67		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>Keith Luetscher</i>						DATE <i>29 Nov. 1967</i>			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS				AUDITED BY					
FORM 7-66 560 E Use previous editions				PAY CHANGE NOTIFICATION					

SECRET

3 October 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Verification of Contract Service for
Howard E. Hunt

1. The following is a record of subject's contract service with the Agency:

<u>Date</u>	<u>Action</u>	<u>Compensation</u>
4 July 1965	Contract Employee	\$19,880 per annum
10 October 1965	Salary Increase	\$20,595 per annum
3 July 1966	Salary Increase	\$21,192 per annum
17 September 1966	Contract Terminated	\$21,192 per annum

2. All of above service is creditable for both leave and Civil Service Retirement purposes.

Dow H. Luetscher
Dow H. Luetscher
Chief, Contract Personnel Division

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DELETION

SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP		6 January 1967
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR HUNT, E. Howard
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) O/DDP	
ATTN:	DDP/Personnel	FILE NO. 1033
REF:	Resignation Debriefing	ID CARD NO.
	OFFICIAL COVER BACKSTOP ESTABLISHED	EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

Block Records:
(OPMEMO 20-800-11)

- a. Temporarily for _____ days, effective _____
- b. Continuing, effective _____ EOD _____

Submit Form 642 to change limitation category.
(HNB 20-7)

Ascertain that _____ being issued.
(HB 20-661-1)

Submit Form 1322 for any change affecting this cover.
(R 240-250)

Submit Form 323 for transferring cover responsibility.
(R 240-250)

Concurred in issuance

AGE
NACS

Hospitalization card.

COVER HISTORY

Oct 49 - Dec 50 ~~INS~~
 Dec 50 - Mar 53 MEXICO/
 Mar 53 - Jun 54 ~~INS~~
 Jun 54 - Oct 56 JAPAN/
 Dec 56 - Jul 60 URUGUAY/
 Jul 60 - Jul 65 ~~INS~~
 Jul 65 - Sep 66 _____

James F. Franklin
CD/sac CHIEF, OFFICIAL COVER CCS

DISTRIBUTION: Copy 1-P/D, Copy 2-Operating Component, Copy 3-D/OS, Copy 4-OL/TELSVC, Copy 5-OP/BSO/IB, Copy 6-DCS/OPS, Copy 7-File

SECRET

REQUEST FOR PERSONNEL ACTION					DATE PREPARED								
1 SERIAL NUMBER					11 January 1967								
2 NAME (Last-First-Middle) RISER, RENT, L. HOWARD													
3 NATURE OF PERSONNEL ACTION Reassignment & TRANSFER TO CONFIDENTIAL-FUNDS				4 EFFECTIVE DATE REQUESTED MONTH: 01, DAY: 20, YEAR: 67		5 CATEGORY OF EMPLOYMENT REGULAR							
6 FUNDS V TO V CF TO V		XX V TO CF CF TO CF		7 COST CENTER NO. CHARGE-ABLE 7150-1184		8 LEGAL AUTHORITY (Completed by Office of Personnel)							
9 ORGANIZATIONAL DESIGNATIONS DDP/DIR SPECIAL ACTIVITIES STAFF				10 LOCATION OF OFFICIAL STATION WASH, D.C.									
11 POSITION TITLE OPS. OF				12 POSITION NUMBER 0000		13 CAREER SERVICE DESIGNATION D							
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15-7		17 SALARY OR RATE \$ 21,192							
18 REMARKS cc payroll													
19A SIGNATURE OF REQUESTING OFFICIAL <i>Richard E. Westerman</i> Richard E. Westerman, DDP/Personnel			DATE SIGNED		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i> 18 Jan 67								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19 ACTION CODE 30	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC: 3030 ALPHABETIC: CLK		22 STATION CODE 28213	23 INTEGREE CODE	24 ADOTES CODE 1		25 DATE OF BIRTH MO: 10, DA: 09, YR: 18		26 DATE OF GRADE MO: , DA: , YR:		27 DATE OF LEI MO: , DA: , YR:	
28 INT. EMPHES MO: , LA: , YR:		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-ESC 2-FICA 3-NONE		31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE: MO: , DA: , YR:		EOD DATA →		33 SECURITY REQ. NO.	34 SER		
35 VET PREFERENCE CODE: 0-NONE, 1-5 PT, 2-10 PT		36 SERV COMP DATE MO: , DA: , YR:		37 LONG COMP DATE MO: , DA: , YR:		38 CAREER CATEGORY CAR RESV, PROV. TEMP		39 FEGLI, HEALTH INSURANCE CODE: , CODE: , 0-WAIVER, 1-YES, HEALTH INS CODE		40 SOCIAL SECURITY NO.			
41 PREVIOUS GOVERNMENT SERVICE DATA CODE: 0-NONE, 1-NO PREVIOUS SERVICE, 2-BREAK IN SERVICE (LESS THAN 3 YEARS), 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED: 1-YES, 2-NO		44 STATE TAX DATA FORM EXECUTED: 1-YES, 2-NO						
45 POSITION CONTROL CERTIFICATION 17 12 67 WIL FROM WK					46 OP APPROVAL <i>[Signature]</i>		DATE APPROVED <i>[Signature]</i>						

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

BJT 26 JAN 67

NOTIFICATION OF PERSONNEL ACTION

OCF

1 SERIAL NUMBER 013842		2 NAME (LAST-FIRST-MIDDLE) HUNT E HOWARD	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO-CONFIDENTIAL FUNDS			4 EFFECTIVE DATE 01 29 67
5. CATEGORY OF EMPLOYMENT REGULAR			6. USE OF OTHER LEGAL AUTHORITY
7. Financial Analysis No Chargeable 7136 1184 0000		8. USE OF OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR SPECIAL ACTIVITIES STAFF		10 LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER		12 POSITION NUMBER 0006	13 SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15 OCCUPATIONAL SERIES 0136.01	16 GRADE AND STEP 15 7	17. SALARY OR RATE 21192
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20. Employ Code	21. OFFICE CODES NUMERIC: 44050 ALPHABETIC: EUR	22 STATION CODE 75013	23 INTEGREE CODE	24. Major Code	25 DATE OF BIRTH 10 09 18	26. DATE OF GRADE	27. DATE OF LEI
28. NTE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA	EOD DATA		33 SECURITY REQ NO.	34. SER
35. YES PREFERENCE	36 SERV COMP DATE	37 LONG COMP DATE	38 CAREER CATEGORY	39 FEGLI / HEALTH INSURANCE	40 SOCIAL SECURITY NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT CODE	43 FEDERAL TAX DATA		44 STATE TAX DATA			

SIGNATURE OR OTHER AUTHENTICATION

FROM: WE

POSTED
[Signature]

FORM 1150
5-66

Use Previous Edition

SECRET

BJT

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET

(When Filled In)

111

REQUEST FOR PERSONNEL ACTION					DATE PREPARED 25 April 1967							
1 SERIAL NUMBER 013842		2 NAME (Last-First-Middle) HUNT, E. HOWARD										
3 NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 05 07 67		5 CATEGORY OF EMPLOYMENT REGULAR							
6 FUNDS V TO V CF TO V		V TO CF X CF TO CF		7 FINANCIAL ANALYSIS NO CHARGEABLE 7136-1184		8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203						
9 ORGANIZATIONAL DESIGNATIONS DDP/WE EVR				10 LOCATION OF OFFICIAL STATION WASHINGTON, D. C.								
11 POSITION TITLE		12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION D								
14 CLASSIFICATION SCHEDULE (GS, FS, IN, ...)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP 15		17 SALARY OR RATE \$						
18 REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.												
18A SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGREE CODE	24 REQUIRES CODE	25 DATE OF BIRTH MO. DA. YR.		26 DATE OF GRADE MO. DA. YR.		27 DATE OF LEI MO. DA. YR.	
28 HTE EXPIRES MO DA YR.		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-CSC 2-FICA 3-NON 2		31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO. DA YR.		33 SECURITY REQ NO		34 SEX		
35 VET PREFERENCE CODE 0-NONE 1-3 PT 2-10 PT		36 SERV COMP DATE MO. DA. YR.		37 LONG COMP DATE MO DA YR.		38 CAREER CATEGORY CAR RESV PROV/TEMP	39 FEGLI HEALTH INSURANCE CODE CODE 0-NONE 1-YES	HEALTH INS CODE		40 SOCIAL SECURITY NO		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE PREVIOUS SERVICE 1-NONE BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42 LEAVE CAT. CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NONE			44 STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NONE					
45 POSITION CONTROL CERTIFICATION				46. OP APPROVAL See memo signed by D/Pers dated 27 APR 1967				DATE APPROVED				

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

BJT: 17 MAY 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 013842		2. NAME (LAST-FIRST MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM			4. EFFECTIVE DATE MO DA 'YY 05 07 67
5. FUNDS		6. CSC OR OTHER LEGAL AUTHORITY	
V TO V	W TO CF	7. Financial Analysis No Chargeable	8. CSC OR OTHER LEGAL AUTHORITY
CF TO V	X	CF TO CF	PL 88-643 SECT. 203
9. ORGANIZATIONAL DESIGNATIONS DOP/EUR		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES 15	17. SALARY OR RATE
16. GRADE AND STEP			
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE
		NUMERIC ALPHABETIC	
23. INT EXPIRES	24. SPECIAL REFERENCE	25. RETIREMENT DATA	26. SEPARATION DATA CODE
MO DA 'YY	1. CSC 2. CIA 3. FICA 4. NONE	CODE	TYPE MO DA 'YY
		2	EOD DATA →
27. VET PREFERENCE	28. SERV COMP DATE	29. LONG COMP DATE	30. CAREER CATEGORY
CODE 0 NONE 1 5 YR 2 10 YR	MO DA 'YY	MO DA 'YY	CODE
31. FEGLI / HEALTH INSURANCE	32. SOCIAL SECURITY NO		
CODE 0 WAIVER 1 YES	HEALTH INS CODE		
33. PREVIOUS CIVILIAN GOVERNMENT SERVICE	34. LEAVE CAT	35. FEDERAL TAX DATA	36. STATE TAX DATA
CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS) 3 BREAK IN SERVICE (MORE THAN 3 YRS)	CODE	FORM EXEMPTED CODE 1 YES 2 NO	NO TAX EXEMPTIONS FORM EXEMPTED 1 YES 2 NO

SIGNATURE OR OTHER AUTHENTICATION

POSTED
5-18-67

BJR

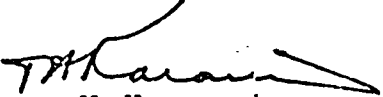
SECRET

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to Spain for a special undertaking in behalf of the DD/P. He left for Spain in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".


Thomas H. Karamessines
Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel
via C/EUR
1 - ADD/P

SECRET

CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
HUNT	E.	Howard	

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY Sarasota, Fla.	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE Potomac, Md.	HOME LEAVE RESIDENCE 11120 River Rd. Potomac, Md. 20854

2. MARITAL STATUS (Check one)

<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
IF MARRIED, PLACE OF MARRIAGE Millbrook, N.Y.					DATE OF MARRIAGE Sept. 7 1949
IF DIVORCED, PLACE OF DIVORCE DECREE					DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED					DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)					

3. MEMBERS OF FAMILY

NAME OF SPOUSE Dorothy L. Hunt	ADDRESS (No. Street, City, State, Zip Code) 11120 River Rd. Potomac, Md. 20854	TELEPHONE NO. 299 7366
NAMES OF CHILDREN Lisa T. Kevan T. Howard St. John David A.	ADDRESS 11120 River Road, Potomac, Md. D I TTO	SEX F DATE OF BIRTH 3/11/51
		F 27/11/52
		M 3/22/54
		M 8/1/65
NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.
NAME OF YOUR MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. **Wife and 3 elder children**

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle) R Hunt, Dorothy L.	RELATIONSHIP wife
HOME ADDRESS (No. Street, City, State, Zip Code) 11120 River Rd. Potomac, Md. 20854	HOME TELEPHONE NUMBER 299 7366
BUSINESS ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) **Yes**

YES
NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

YES
NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)

YES
NO

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

5. VOLUNTARY ENTRIES		
Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.		
INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.		
Riggs National Bank F&M Branch, Washington, DC Howard and/or Dorothy L. Hunt		
ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, DO YOU HAVE A JOINT ACCOUNT?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO. (If "Yes" where is document located?)
in wife's possession		
HAVE YOU PRE-PLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO. (If "Yes" give name(s) and address)
Wm. F. Buckley, Jr. Stamford, Conn.		
HAVE YOU EXECUTED A POWER OF ATTORNEY?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
Daughter Lisa T. Hunt is presently hospitalized. Notification should <u>not</u> be made to her.		
SIGNED AT Langley, Va.	DATE 23 June 1967	SIGNATURE E. Howard Hunt

CONFIDENTIAL

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED			
1 SERIAL NUMBER 013842										2 NAME (Last-First-Middle) HUNT, E. HOWARD		30 JULY 1968	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT						4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 07 68		5 CATEGORY OF EMPLOYMENT REGULAR					
6 FUNDS		V TO V		V TO CF		7 FINANCIAL ANALYSIS NO CHARGEABLE 9136 1184		8 LEGAL AUTHORITY (Completed by Office of Personnel)					
9 ORGANIZATIONAL DESIGNATIONS EDP/EUR OPERATIONS STAFF						10 LOCATION OF OFFICIAL STATION WASH., D.C.							
11 POSITION TITLE CPS OFFICER (15)						12 POSITION NUMBER 0012		13 CAREER SERVICE DESIGNATION D					
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15 OCCUPATIONAL SERIES 0136.01			16 GRADE AND STEP 15A 8		17 SALARY OR RATE \$23,735 24.393					
18 REMARKS VICE: W. DIETRICH FROM EUR/SAS/#0006													
18A SIGNATURE OF REQUESTING OFFICIAL WILLFORD C. TAYLOR, C/E/PERS				DATE SIGNED 8/1/68		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER Paul M. [Signature]				DATE SIGNED 5 Aug 68			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 44100 EUR		22 STATION CODE 78213	23 INTEGREE CODE	24 NOTES CODE 1		25 DATE OF BIRTH MO. DA. YR. 10 09 18		26 DATE OF GRADE MO. DA. YR.		27 DATE OF LEI MO. DA. YR.	
28 NTE EXPIRES MO. DA. YR.		29 SPECIAL REFERENCE 1-ESC 2-OSOR 3-FILA 4-NORR	30 RETIREMENT DATA CODE		31 SEPARATION DATA CODE	32 CORRECTION, CANCELLATION DATA TYPE MO. DA. YR.		EOD DATA →		33 SECURITY REQ NO.	34 SEX		
35 VET PREFERENCE CODE 0-None 1-5 FT 2-10 FT		36 SERV COMP. DATE MO. DA. YR.		37 LONG. COMP DATE MO. DA. YR.		38 CAREER CATEGORY CAR RESP PROV. TEMP		39 FEGLI HEALTH INSURANCE CODE CLOS 0-None 1-YES		40 SOCIAL SECURITY NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPT. STATE CODE					
45. POSITION CONTROL CERTIFICATION 8-7-68 [Signature]						46 O.P. APPROVAL [Signature]			DATE APPROV				

PLW: 13 AUG 68

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 013842		2 NAME (LAST FIRST MIDDLE) HUNT E HOWARD	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT			4 EFFECTIVE DATE 03 07 68
			5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS	V TO V	V TO CF	7 Financial Analysis No. Chargeable
	CF TO V	CF TO CF	8 CSC OR OTHER LEGAL AUTHORITY
	X		9136 1194 0000 50 USC 403 J
9 ORGANIZATIONAL DESIGNATIONS DDP/EUR OPERATIONS STAFF		10 LOCATION OF OFFICIAL STATION WASH., D.C.	
11 POSITION TITLE OPS OFFICER		12 POSITION NUMBER 0012	13 SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS 18 WK)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0136.01	15 6	24393
18 REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC: 44100 ALPHABETIC: EUR	22 STATION CODE 78013
23 INTEGRITY CODE	24 HONORARY CODE	25 DATE OF BIRTH 10 05 12	26 DATE OF GRADE
27 DATE OF LEI	28 NTE LEAVES	29 SPECIAL REFERENCE	30 RETIREMENT DATA
31 SEPARATION DATA CODE	32 CORRECTION / COMBINATION DATA	33 SECURITY REQ NO	34 SEX
35 VET PREFERENCE	36 SERV COMP DATE	37 LONG. COMP DATE	38 CAREER CATEGORY
39 REGS - HEALTH INSURANCE	40 SOCIAL SECURITY NO	41 PREVIOUS CIVILIAN GOVERNMENT SERVICE	42 LEAVE CAT CODE
43 FEDERAL TAX DATA	44 STATE TAX DATA	45 NO. TAX EXEMPTIONS	46 NO. TAX EXEMPTIONS
SIGNATURE OR OTHER AUTHENTICATION			

EOD DATA

POSTED
8/16/68

7 March 1969

MEMORANDUM FOR: E. Howard Hunt, DDP/EUR/CA

SUBJECT : Service Computation Date

In your memo of 24 February 1969 to the Director of Personnel you requested a classification of your Service Computation Date, since various records had indicated three different dates. The date should be 7 September 1944.

This date reflects the following service:

Economic Cooperation Administration-

17 May 1948 - 08 June 1948 22 days

Foreign Service-

09 June 1948 - 19 February 1949 - 08 mo., 11 days

U.S. Naval Reserve-

19 August 1940 - 13 October 1942 - 02 yr., 1 mo., 25 days

U.S. Army-

06 October 1943 - 08 January 1946 - 02 yr., 3 mo., 3 days

Agency (Staff and Contract)-

08 November 1949 to Present

Total non-Agency time amounts to 5 years, 2 months and 1 day. When this time is subtracted from your Agency EOD date the result is 7 September 1944.

The confusion has resulted from conflicting dates arrived at in previous attempts at classification.

SECRET

This office is charged with arriving at SCD's for leave purposes. Prior to your retirement the Retirement Operations Branch will obtain records from the Civil Service Commission verifying that service which is creditable for retirement purposes.

In this regard let me point out that the data which we have just verified contains a period of service that is potentially creditable for retirement. Your military records show an enlistment in the Army as 6 October 1943. However the form later states active duty from 22 November 1943 to 8 January 1946. If you have any questions regarding the computation please call me on X7165. Questions regarding creditable service for retirement purposes can be referred to Murray Benthall on X3257.

John T. McCann
Chief, Transactions & Records Branch

Distribution:
Orig. & Addressee
1-TRB Chrono

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT : Howard E. Hunt, GS-15, Employee
Number 013842, DOB: October 1918;
EUR/CA; Career; Service Designa-
tion: D.

PERIOD UNDER REVIEW : 22 June 1968 - 31 March 1968

MONTHS UNDER MY SUPERVISION: 7

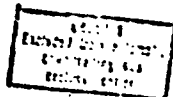
OVER-ALL RATING : Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.

2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistence and vigor in helping get action underway.

3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.

APR 30 1969
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SECRET

4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked closely with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

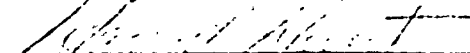
5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.


Edward Fenimore
Chief of Operations
European Division

I certify that I have seen the above fitness report.



Date: 5/15/49

- 2 -

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE: 14 January 1970
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND CONTROL	FILE NUMBER: 1088
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER: 013842
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER: EUR
ATTN: CHIEF SUPPORT STAFF	OFFICIAL COVER	<input type="checkbox"/> BACKSTOP ESTABLISHED
REF: FORM: 1413		<input checked="" type="checkbox"/> DISCONTINUED
SUBJECT: HUNT, E. HOWARD	UNIT:	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)	<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____	DATE: XXXXXXXX
B. CONTINUING AS OF COB	FROM EOD
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)
<input type="checkbox"/> ASCERTAIN THAT _____ W-2 BEING ISSUED. (HNB 20-11)	<input type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS.
<input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2*)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY
<input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2*)	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY

COVER HISTORY:

NOV 49 - DEC 50	HQS.
DEC 50 - MAR 53	MEXICO/
MAR 53 - JAN 54	HQS.
JAN 54 - OCT 56	JAPAN/
OCT 56 - JAN 57	HQS.
JAN 57 - JUN 60	URUGUAY/
JUL 60 - JUL 65	HQS.
JUL 65 - SEP 66	HQS.
SEP 66 - PRESENT	HQS.

DISTRIBUTION: COPY 1 - SLD 2 - OPERATING COMPONENT 3 - D/OS 4 - DL/TELSVC 5 - CCS - CHRONO 6 - CCS - FILE JC/s1	CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF
---	--

SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED								
1 SERIAL NUMBER 013842										2 NAME (Last-First-Middle) HUNT, E. HOWARD		19 Jan 70						
3 NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS						4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 11 70		5 CATEGORY OF EMPLOYMENT REGULAR										
6 FUNDS V TO V CF TO V XX				V TO CF CF TO CF		7 FINANCIAL ANALYSIS NO. CHARGEABLE 0236 1184		8 LEGAL AUTHORITY (Completed by Office of Personnel)										
9 ORGANIZATIONAL DESIGNATIONS DDP/EUR OPERATIONS STAFF						10 LOCATION OF OFFICIAL STATION WASH., D.C.												
11 POSITION TITLE CPS OFFICER						12 POSITION NUMBER 0012		13 CAREER SERVICE DESIGNATION D										
14 CLASSIFICATION SCHEDULE (G.S. F.R. NO.) GS			15 OCCUPATIONAL SERIES 0136.01			16 GRADE AND STEP 15 8		17 SALARY OR RATE \$ 26,629										
18 REMARKS Effective date of 11 Jan 70 must remain in order for Subject to be eligible for Blue Cross Hospitalization. CE: PAYROLL																		
18A SIGNATURE OF REQUESTING OFFICIAL MILFORD C. TAYLOR, C/E/Pers						DATE SIGNED 1/19/70		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER U. Busby				DATE SIGNED 1-19-70						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																		
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE		23 INTEGRAL CODE		24 HQ/RTS CODE		25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR		27 DATE OF LEI MO DA YR		
10		10		4180		0012		0012		1		10/09/18						
28 WTE EXPIRES MO DA YR			29 SPECIAL REFERENCE			30 RETIREMENT DATA CODE			31 SEPARATION DATA CODE			32 CORRECTION/CANCELLATION DATA TYPE MO DA YR			33 SECURITY RTG NO		34 SER	
												EOD DATA						
35 VET PREFERENCE CODE		36 SERV COMP DATE MO DA YR			37 LONG COMP DATE MO DA YR			38 CAREER CATEGORY LEE RES PROF TEMP		39 FEDERAL HEALTH INSURANCE CODE		40 SOCIAL SECURITY NO						
B-NONE 1-5 FT 2-10 FT										B-WIFE 1-YES 2-NO		HEALTH INS CODE						
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE						42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS				44 STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPT. STATE CODE						
B-NONE PREVIOUS SERVICE 1-NONE BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)								1-YES 2-NO				1-YES 2-NO						
45 POSITION CONTROL CERTIFICATION						46 OP APPROVAL 1-20-70 mw				DATE APPROVED 1/20/70 W heart								

SECRET
(When Filled In)

FORM 5-66 (Rev. 10-67)

NOTIFICATION OF PERSONNEL ACTION														
1 SERIAL NUMBER		2 NAME (LAST-FIRST-MIDDLE)												
01342		MONT E HOWARD												
3 NATURE OF PERSONNEL ACTION					4 EFFECTIVE DATE			5 CATEGORY OF EMPLOYMENT						
TRANSFER TO VOUCHERED FUNDS					MO DA YR 01 11 70			REGULAR						
6 FUNDS		V TO V		V TO CF		7 Financial Analysis No. Chargeable		8 CSC OR OTHER LEGAL AUTHORITY						
X		CF TO V		CF TO CF		0200 1174 0700		58 USC 4303 J						
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION								
DDP/EUR OPERATIONS STAFF						WASH, D.C.								
11 POSITION TITLE						12 POSITION NUMBER			13 SERVICE DESIGNATION					
OPS OFFICER						0012			D					
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES			16 GRADE AND STEP			17 SALARY OR RATE					
CS			0100.01			15			2832					
18 REMARKS														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL														
19 ACTION CODE	20 Empl. Code	21 OFFICE CODING		22 STATION CODE		23 INTEREE CODE	24 Hdqrs. Code	25 DATE OF BIRTH			26 DATE OF GRADE		27 DATE OF LEI	
16	10	NUMERIC ALPHABETIC 001001 EUR		75X13		1	1	MO DA YR 10 01 1			MO DA YR		MO DA YR	
28 NTE EXPIRES			29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 Correction / Cancellation Data			33 SECURITY REG NO	34 SEX	
MO DA YR			1. CSC 2. CIA 3. NSA 4. NONE		CODE		TYPE		MO DA YR			EOD DATA		
35 VET PREFERENCE		36 SERV COMP DATE		37 LONG COMP. DATE		38 CAREER CATEGORY		39 FEGLI - HEALTH INSURANCE				40 SOCIAL SECURITY NO		
CODE		MO DA YR		MO DA YR		CAR BE34 PROV 33WP		CODE CODE 0 WAVER HEALTH INS CODE						
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT. CODE		43 FEDERAL TAX DATA				44 STATE TAX DATA				
CODE						FORM EXECUTED CODE NO TAX EXEMPTIONS				FORM EXECUTED CODE NO TAX STATE ECON TAXIMP				
0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 YRS. 3 BREAK IN SERVICE MORE THAN 3 YRS.						FORM EXECUTED CODE NO TAX EXEMPTIONS				FORM EXECUTED CODE NO TAX STATE ECON TAXIMP				
SIGNATURE OR OTHER AUTHENTICATION														
<div style="float: right; border: 1px solid black; padding: 5px;"> POSTED 1-22-70 718 </div>														

FORM 5-66 (Rev. 10-67)

Use Previous Edition

SECRET

JIBC

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

U.S. G. PRINTING OFFICE: 1967 O - 315-710

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
HUNT E HOWARD	013842	44	100	CF GS 15 8	\$25,629

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	44	050	CF GS 15 7	\$21,192	\$22,082

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

JED: 20 APR 70

SECRET
(When filled in)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 013842		2. NAME (LAST FIRST MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM			4. EFFECTIVE DATE NO 000 18 04 30 70
6. FUNDS X		V TO V	V TO CF
CF TO V		CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS DOP/EUR OPERATIONS STAFF		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0012	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc) GS		15. OCCUPATIONAL SERIES 0138.01	16. GRADE AND STEP 15 8
17. SALARY OR RATE 22226		18. REMARKS	

1. LAST NAME HUNT	FIRST NAME E	INITIALS HOWARD	2. APPOINTMENT DATA Entered on duty 5/15/48 Subject to Sec 203(d), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec 203(d) on _____ Annual Leave Bal _____	3. TOTAL SERVICE FOR LEAVE (as of date of separation) Years: 25 Months: 7 Days: 23 <input checked="" type="checkbox"/> More than 15 years
4. DATE AND NATURE OF SEPARATION RETIREMENT VOLUNTARY CIARDS 4/30/70			5. SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)	
			Annual	Sick
5. Balance from prior leave year ended 1/10 1970			300	745
6. Current leave year accrual through 4/18 1970			56	28
7. Total			356	773
8. Reduction in credits, if any (current year)			0	0
9. Total leave taken			44	36
10. Balance			312	737
11. Total hours paid in lump sum 300 HRS + 1 HOL			14. Date arrival abroad for MI purposes	
12. Salary rate(s) 28,226			15. Current balance as of 19	
13. Lump sum leave dates From 0630, 5/1/70 to 6/24/70 1230 (Hours)			16. 12 month accrual rate	
17. Certified copy of _____ (Signature) _____ (Date) _____ (Telephone)			17. Dates leave used, prior 24 months	
for Chief Payroll 143-2585			18. Monthly accrual date	
			19. Calendar days credit for next accrual date	
			20. Date last service period completed	
			MILITARY LEAVE	
			21. Dates during current calendar yr to	
			22. Dates during preceding calendar yr to	
			ABSENCE WITHOUT PAY	
			During leave year in which separated	
			During step increase waiting period which began on 12/3/67	
			During 12 month MI accrual period (dates)	
			LWOP or AWOL or Furlough/Suspension (Hours)	
			0	
			0	

SCD: 9/7/44
S/L TRANS. TO
CSC

Standard Form 1150
November 1964
1150-106

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION
FPM SUPPLEMENTS 290-41 AND 990-2

DUU

(When Filled In)

SECRET

81 APR 1970 70-2034

MEMORANDUM FOR : Director of Central Intelligence

SUBJECT : Request for Voluntary Retirement
E. Howard Hunt

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. E. Howard Hunt, GS-15, Operations Officer, European Division, Clandestine Service, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 April 1970.

3. Mr. Hunt has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 51 years old with over 25 years of Federal service. This service includes over 20 years with the Agency of which more than 10 years were in qualifying service overseas. The Head of the Clandestine Service Career Service has recommended that his application for voluntary retirement be approved. I endorse this recommendation.

4. It is recommended that you approve the voluntary retirement of Mr. E. Howard Hunt under the provisions of Headquarters Regulation 20-50j.

/s/ Robert S. Wattles

Robert S. Wattles
Director of Personnel

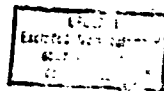
The recommendation contained in paragraph 4 is approved:

/s/ Richard Holms

Director of Central Intelligence

81 APR 1970

Date



SECRET

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

21 APRIL 1970

1 SERIAL NUMBER

013842

2 NAME (Last-First-Middle)

HUNT, E. HOWARD

RETIREMENT (VOLUNTARY) UNDER THE CIA RETIREMENT AND DISABILITY SYSTEM

4 EFFECTIVE DATE REQUESTED

MONTH COB YEAR
04 30 70

5 CATEGORY OF EMPLOYMENT

REGULAR

6 FUNDS



X

V TO V

V TO CF

CF TO V

CF TO CF

7 FINANCIAL ANALYSIS NO CHARGEABLE

0236-1184

8 LEGAL AUTHORITY (Completed by Office of Personnel)

Sec. 88.643
Sec. 233

9 ORGANIZATIONAL DESIGNATIONS

DDP/EUR OPERATIONS STAFF

10 LOCATION OF OFFICIAL STATION

WASHINGTON, D.C.

11 POSITION TITLE

OPS OFFICER

(15)

12 POSITION NUMBER

0012

13 CAREER SERVICE DESIGNATION

D

14 CLASSIFICATION SCHEDULE (GS, FS, etc.)

GS

15 OCCUPATIONAL SERIES

0136.01

16 GRADE AND STEP

15 8

17 SALARY OR RATE

\$ 28,530 28,226

18 REMARKS

cc: SECURITY
cc: PAYROLL

Accountant for Agency Reserve Program is ready

Approved by
CSRS 4/27/70

1152 Release under E.O. 12958, 4/29/70.

18A SIGNATURE OF REQUESTING OFFICIAL

WILLFORD C. TAYLOR, C/E/Pers

DATE SIGNED

4/27/70

18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER

[Signature]

DATE SIGNED

4-27

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 45	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC	22 STATION CODE	23 INTEGRAL CODE	24 HQ/PS CODE 1	25 DATE OF BIRTH MO DA YR 10 09 18	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
28 NTE EXPIRES MO DA YR	29 SPECIAL REFERENCE 1-FC 2-ORCA 3-FICA 4-NONE	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE TYPE	32 CORRECTION CANCELLATION DATA MO DA YR	EOD DATA →		33 SECURITY RIG NO	34 SER
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY LGR RESP PROV TEMP	39 FEGLI HEALTH INSURANCE CODE 0-NONE 1-YES	40 SOCIAL SECURITY NO			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO PRIOR SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NONE	44 STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NONE	45 POSITION CONTROL CERTIFICATION 4-29-70	46 OP. APPROVAL [Signature]	DATE APPROVED 4/24/70		

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

April 23, 1970

TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND CONTROL	FILE NUMBER 1088
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) EUR	ID CARD NUMBER
ATTN:	Chief Support Staff	OFFICIAL COVER
REF:	Retirement Debriefing	<input checked="" type="checkbox"/> DISCONTINUED
SUBJECT	HUNT, E. Howard	UNIT

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____	DATE XXXXXX
B. CONTINUING AS OF COB	From EOD
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	NA
ASCERTAIN THAT _____ W-2 BEING ISSUED (HNB 20-11)	NA
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2*)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY (HR-240-2*)	
SUBMIT FORM 2688	
FOR HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY

Cover History:


NOV 49 - DEC 50	HQS
DEC 50 - MAR 53	MEXICO
MAR 53 - JAN 54	HQS
JAN 54 - OCT 56	JAPAN
OCT 56 - JAN 57	HQS
JAN 57 - JUN 60	URUGUAY
JUL 60 - JUL 65	HQS
JUL 65 - SEP 66	HQS
SEP 66 - Present	HQS

DISTRIBUTION: COPY 1 - HQ
 COPY 2 - OPERATING COMPONENT
 COPY 3 - O/OS
 COPY 4 - OL/TELSYC
 COPY 5 - CCS - CHRONO
 COPY 6 - CCS - FILE

CD/sl

James H. Franklin
OFFICIAL COVER, CENTRAL COVER STAFF

JSC: 29 APR 70

NOTIFICATION OF PERSONNEL ACTION					
1. SERIAL NUMBER 013842		2. NAME (LAST-FIRST MIDDLE) MUNT E HOWARD			
3. NATURE OF PERSONNEL ACTION RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM			4. EFFECTIVE DATE 04 30 70	5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS 	<input checked="" type="checkbox"/> V TO V	<input type="checkbox"/> V TO CF	7. Financial Analysis No. Chargeable & CSC OR OTHER LEGAL AUTHORITY		
	<input type="checkbox"/> CF TO V	<input type="checkbox"/> CF TO CF	0236 1184 0000 P.L. 88-643 SECT. 233		
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 0012	13. SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 B	17. SALARY OR RATE 28226		
18. REMARKS					
SIGNATURE OR OTHER AUTHENTICATION					

SECRET

1 MAY 1970

MEMORANDUM FOR : Mr. E. Howard Hunt
THROUGH : Head of CS Career Service
SUBJECT : Notification of Approval of Request for
Voluntary Retirement

1. I am pleased to inform you that your request for voluntary retirement under the CIA Retirement and Disability System has been approved by the Director of Central Intelligence.

2. Your retirement will become effective 30 April 1970. Your annuity will commence as of 1 May 1970 and is payable on 1 June 1970. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative processing required to effect your retirement.

3. You will receive a lump-sum payment for your accrued annual leave up to 30 days or for whatever amount of leave credit you carried over from the last leave year if that amount is more than 30 days.

/s/ H. B. Fisher

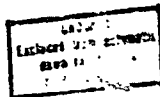
Robert S. Wattles
Director of Personnel

Distribution:

- 0 - Addressee
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Reader
- 1 - ROB Soft File

OP/RAD/ROB/DEMorris:jat/3257 (30 April 1970)

SECRET



70-1825

70-2208

Mr. E. Howard Hunt
11120 River Road
Potomac, Maryland 20854

6 MAY 1970

Dear Howard:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have every reason to feel great pride and satisfaction in your accomplishments. Your record of service is both example and goal for the young people who are now just beginning their careers in intelligence.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Richard Helms
Richard Helms

Richard Helms
Director

Good Luck and Best Wishes!

Distribution:

- 0 - Addressee
- 1 - DDCI
- 1 - ER
- 1 - C/EAB/OS
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

Originator: /s/ H. B. Fisher 4 MAY 1970
Director of Personnel

Concur: C/EAB/OS

SIGNED

29 APR 1970

OP/RAD/ROB/DEMorris;jat/3257 (20 April 1970)

14-00000

Mr. F. Howard Hunt
11120 River Road
Potomac, Maryland 20854

Dear Mr. Hunt:

It is the practice of the Organization to follow up with former employees six months after their retirement. We hope by such inquiry to obtain information on what our retirees are doing and where they are located, invite suggestions for improving the retirement program and to learn if the Organization might be of some assistance on any post-retirement matters.

We should like very much to hear from you on the above points and on any other topics you think would be useful to us.

For your convenience in replying, we have enclosed a sheet somewhat akin to a form on which we have listed those standard items of information we'd like to have on every retiree. The remainder of the sheet, including the reverse side, is for your comments and suggestions. We shall be most appreciative of your fullest response to this inquiry.

Thank you very much for your cooperation.

Sincerely yours,

Carroll A. Duchay
Personnel Officer

Enclosures:
Questionnaire
Return Envelope

Distribution:
Original - Addressee
1 - O-P-F
1 - RAD Subject's File

OP/RAD/EEAI/MLShob:slp (9 October 1970)

HOWARD HUNT
C/CA/EUR
4829

NO SECURITY CLASSIFICATIONS

CENTRAL INTELLIGENCE AGENCY

Career Profile

4829
Hunt
2/1/65
9 Dec 69

From 1949 to the present I have been a career official of the Central Intelligence Agency. My foreign assignments have been in Europe, Latin America and the Far East where my duties involved the collection, evaluation, and reporting of high priority intelligence in the national interest. This intelligence information related to the economic, political, social and military aspects of nations and regions where I was located. During two crisis periods I was a senior member of special task forces organized to confront the crises, and took part in White House conferences. At other times I have served as a regional trouble-shooter.

Abroad I have dealt and negotiated with senior officials including Presidents of foreign nations and members of their Cabinets.

In Washington I have represented CIA at high levels of our government including the Psychological Strategy Board, Operations Coordinating Board and Interdepartmental Groups chaired by the Assistant Secretary of State. I have had extensive responsibilities for the development and review of large-scale budgets, and for their successful presentation.

I have also had broad experience in dealing with key non-governmental figures in the United States and abroad, including major corporate and industrial personalities at the highest level.

SECRET

(When Filled In)

SERIAL NO.
013742

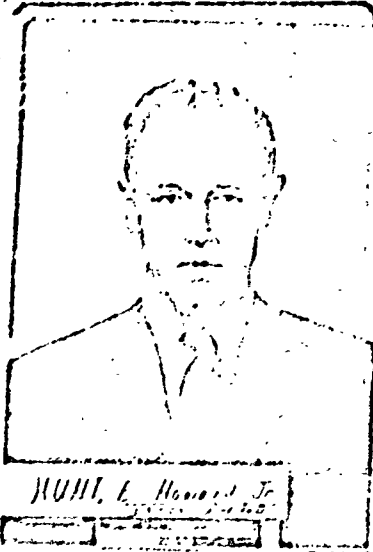
BIOGRAPHIC PROFILE (PART 2)

NAME (Last-First-Middle)

MR. E(sterle) Howard

DATE OF BIRTH

9 Oct 1918



19. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

20. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

21. ADDITIONAL INFORMATION

Appreciation 1951 from Chief, PP, for assistance rendered in the preparation of "FP Operational Aids."

Appreciation 1953 from P. T. Culbertson, American Embassy, Mexico City, for ability, discretion and judgment displayed while assigned to Mexico City.

Commendation 1954 from W. D. Playdon (P) for superior performance in connection with project PBUCCCESS.

Appreciation 1960 from Chief, US Secret Service, Treasury Dept, to the DCI, for excellent cooperation provided prior to and during President Eisenhower's visit to Uruguay.

Commendation 1961 from Ch,WH for performance of duties with distinction in support of the mission outlined in Project JMATE.

23 Mar 1973

rwd/cal

FORM NO. 1200 (PART 2)

REPLACES FORM 1200 (PART 2) DATED 10 OCT 1962

SECRET

SECRET PROFILE

2561

CL BY 010025

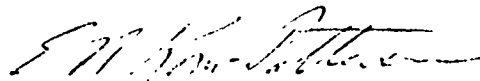
SECRET
(When Filled In)

1. FEEL. SERIAL NO. 013842		BIOGRAPHIC PROFILE (PART I) SD 7 Sep 1974			
2. NAME (Last-First-Initial) HUNT, E(verette) Howard		3. SEX M	4. DATE OF BIRTH 9 Oct 1918	5. ACQUISITION DATE 8 Nov 1967	
6. MARITAL STATUS Married	7. DEPENDENT(S) (Incl. own- family)	8. YEARS OF BIRTH 5 1920 1951 1952 1954 1963		9. US NATURALIZATION DATE(S) NA NA	
10. CAREER STATUS MEMBERSHIP Jul 1954	OTHER STATUS	10. LAST MO. DPT. QUAL. FOR Feb 1967 TDI Standby		EVAL. FOR TDI Standby	
11. CURRENT RESERVE STATUS X	11. SERVICE	GRADE	ACTIVE DUTY WITH CIA CAT. 1	RELEASED TO MIL. SER. CAT. 2	NO. OF DEFERRED CAT. 3
12. ASSESSMENT DATE None	13. PROFESSIONAL TEST DATE None	14. LANGUAGE ABILITY TEST DATE None			
15. NON-CIA EMPLOYMENT					
1940-42 Military Service, US Navy, Ensign					
1942-43 "The March of Time," NYC - Script Writer					
1943 "Time," Inc, NYC - War Correspondent (South Pacific, 9 mos)					
1943-46 Military Service, USAAF, (1st Lt (1945-46, OSS in China)					
1946-49 Free Lance Writer					
1948-49 Economic Cooperation Administration, Paris, France - US Media Specialist					
16. NON-CIA EDUCATION 1934 ARSAAF, Orlando, Fla - Air Combat Intelligence (4 mos)					
1936-40 Brown Univ - AB, English, English Literature, Economics					
1950 Berlitz School of Languages, DC - Spanish					
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)					
Spanish - R,P Inter; W,S,U High (Apr 1967) Transl & Interpr - May 1957					
German - R,W,S,U,Slight;P,inter; T,none - May 1957 (declined testing)					
French - R,P Elem; W,S,U Slight; T None - Sep 1960 - disc prof Apr 1968					
18. AGENCY SPONSORED TRAINING					
1950 Admin Proc 1953 Photography					
1950 Secret Writing					
1953 Ops Famil					
1953 Flaps & Seals					
19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORGN. TITLE (If any)	LOCATION
Nov 1949	I.O. (Editor) 0130.00	13		OPC/P&P Stf/Program Csp II	Hq
Dec 1950	I.O. 0132.00	13		OPC/Latin America/Ops/OCS	Mexico City
Jun 1951	" 0132.00	14		OPC/Latin America/OCS	"
Aug 1953	Ops Off 0132.00	15	PP	DDP/SE/Ch, PP Staff	Hq
Jun 1954	Ops Off (PP) 0136.31	15	DP	DDP/FS/SR-NA/Ch, PP Staff	Tokyo
Feb 1957	Area Ops Off 0136.01	15	DP	DDP/WH-II/Uruguay Station/OCS	Montevideo
Nov 1960	Ops Off 0136.01	15	D	DDP/WH-4	Hq
Nov 1961	Ops Off 0136.01	15	D	DDP/WH-4	Hq
Jan 1962	Ops Off 0136.01	15	D	DDP/WH-4	Hq
Jul 1962	" 0136.01	15	D	DDP/WH-4	Hq
Aug 1964	" 0136.01	15	D	DDP/WH-4	Hq
Feb 1965	" 0136.01	15	D	DDP/WH-4	Hq
Jul 1965-Sep 1965	Contract Employee				
Sep 1965	Ops Off 0136.01	15	D	DDP/WH-4	Hq
Jan 1967	" 0136.01	15	D	DDP/WH-4	Hq
Aug 1968	" 0136.01	15	D	DDP/WH-4	Hq
Apr 1970	Retirement--Voluntary under				
20. DATE REVIEWED 28 Mar 1973					
21. PROFILE REVIEWED BY E 2 LRP/DET nrd/cal CL HY 010026					
22. STEMS 1-18 REVIEWED & VERIFIED BY EMPLOYEE D: NS					

SECRET

REVIEWING OFFICER'S COMMENTS:

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.



E.N. Korn-Patterson
Deputy Chief,
European Division

SECRET

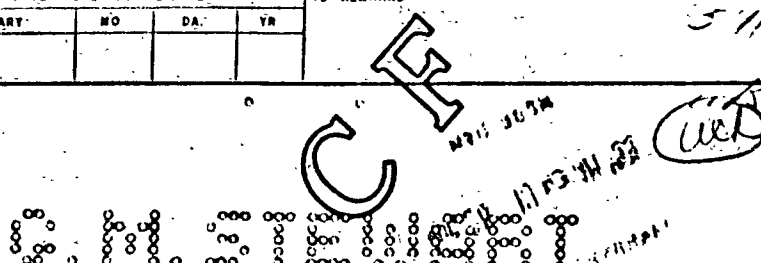
14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-271 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 20 December 1966

NAME	SERIAL	ORGN.	PL	GS	GR-STEP	BASE SALARY
Harold E. Howard	012042	44	100	GS	GS-15 6	20,025

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 513842		2. NAME HUNT HOWARD E			3. ASSIGNED ORGAN. DDP/WH		4. FUNDS UV		5. ALLOCATION		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
GS 15	A	\$12,670	02	09	59	GS 15	A	\$13,970	08	09	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER											
9. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO	DA.	YR.	5/11					
						5/11					
14. AUTHENTICATION											
											
PERIODIC STEP INCREASE - AUTHENTICATION											

FORM NO. 560a
1 MAR. 58

SECRET

PERSONNEL FOLDER 141

SECRET


GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
HUNT HOWARD E	513842	GS-15-4	\$12,420	\$13,670

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 513842		2. NAME HUNT HOWARD F			3. ASSIGNED ORGAN. DDP/WH		4. FUNDS UV		5. ALLOCATION		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
15	3	\$12,150	08	12	56	15	4	\$12,420	02	09	58
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
9. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO	DA.	YR.	1958					
						1958					
14. AUTHENTICATION											
											

SECRET

(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
HUNT, E. HOWARD			9 Oct 1918	M	GS-15	3
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer (C-)			DDI/DODS/REF		Wash., D.C	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)			
30 April 1953			March 1952 - 31 March 1953			
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1						RATING LETTER
Supervises all Division propaganda operations. (4 employees, 7 projects)						S
SPECIFIC DUTY NO. 2						RATING LETTER
Project Officer WURONBOW.						P
SPECIFIC DUTY NO. 3						RATING LETTER
Project Officer WUEUSTLER.						S
SPECIFIC DUTY NO. 4						RATING LETTER
Conducts liaison with USIA, Staffs and Area Divisions as required to coordinate DODS foreign and domestic propaganda operations.						A
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER
						P/S

17 APR 1953

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				013842			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
HUNT, E. HOWARD			10/09/13	M	GS-15	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV. BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer (Ch)			DDP/DODS/RSF		Wash., D.C.		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From to)			
31 May 1964				31 March 1963 - 31 March 1964			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Supervises all Division propaganda operations.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Project Officer WUHUSTLER, WUBONBON						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Conducts liaison with USLA, Staffs and Area Divisions as required to coordinate DODS foreign & domestic propaganda operations.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
26 MAY 1964						S	

SECRET

(When Filled In)

SECTION C	NARRATIVE COMMENTS
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>	
<p>Subject has performed in a manner quite consistent with his long and broad experience in many aspects of the craft of intelligence. His senior grade, his special expertise in the field of propaganda and publication and his very high intellect have contributed to the division's operations in the public media field a sharp focus, an economical concentration of money and effort and a consequently heightened impact. In the WUHUSTLER project, Subject vindicated his faith in a moribund clandestine asset by demonstrating, after about a year and a half under his personal direction, that it is one of the most effective activities of its kind. Before Subject assumed direct responsibility for this project, it had suffered from visionary and diffuse direction and from poor case officer-agent rapport. Subject's personal handling of this operation is marked by excellent rapport and the project prospers on an entirely reoriented basis which the agent himself enthusiastically welcomes.</p>	
<p>Subject's supervisory responsibility has extended over two secretaries, from one to two professional staffers under official cover and three professional career employees [redacted]. The fairness and precision of his management has patently won their respect and inspired their performance.</p>	
(Continued on additional sheet)	

SECTION D			CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
20 May 64	<i>E. Edward Hunt</i>				
2. BY SUPERVISOR					
MONTHS EMPLOYEES HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
2 1/2 months					
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
19 May 1964	DCOS	<i>Stanley H. Gaines</i> Stanley H. Gaines			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
<i>Concur</i>					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
19 May 1964	<i>Chief of C. Bureau</i>	<i>C. T. Davis</i> C. T. Davis			

SECRET

SECRET

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				013842	
SECTION A GENERAL					
1. NAME (Last) Hunt, (First) E. Howard (Middle)		2. DATE OF BIRTH 10/09/18	3. SEX M	4. GRADE GS-15	5. SD D
6. OFFICIAL POSITION TITLE Ops Officer (CH)			7. OFF/DIV/BR OF ASSIGNMENT DDP/DOD/CA	8. CURRENT STATION Washington, D. C.	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY
CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/>	INITIAL	<input type="checkbox"/>
SPECIAL (Specify):			<input type="checkbox"/>	ANNUAL	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	REASSIGNMENT SUPERVISOR	<input type="checkbox"/>
			<input type="checkbox"/>	REASSIGNMENT EMPLOYEE	<input type="checkbox"/>
11. DATE REPORT DUE IN O.P. 30 April 1965			12. REPORTING PERIOD (From - to) 1 April 64 - 28 February 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Supervises all DO Division propaganda operations.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Project officer for WUHUSTLER, WUBONBON, WUPUNDIT.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Conducts liaison with USIA, Staffs and Area Divisions to coordinate DO propaganda operations.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Supervises one CS staff officer and secretary under official and two career agents and several witting proprietary hires under project cover.					S
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
13 APR 1965					S

SECRET

(When Filled In)

SECTION C NARRATIVE COMMENTS		
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Mr. Hunt continued to direct the propaganda activities of the DO Division in a superior professional manner until 12 October 1964, when he was incapacitated by illness. On his return from sick leave on 7 December, he was detailed to the Office of the DD/P and officially transferred to that office on 28 February 1965. DO Division can only view this transfer with considerable regret.</p> <p>Mr. Hunt, by virtue of his personal background, has a unique flair and competence in the propaganda field. Over and above, but complementary to these special skills, his extensive experience in the CS, his sound judgment, high and creative intellect and other commendable personal qualities contributed significantly to the successful prosecution of DO's efforts in the media field. These same attributes, attest, in my judgment, to his suitability for employment as a Station Chief or in any other position requiring broad knowledge of and skill in the CS business. He is very cost conscious and an effective supervisor. He enjoys the respect of all personnel under his supervision, official and non-official, as well as that of all his co-workers in the Division and Station.</p>		
SECTION D CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 7 April '65	SIGNATURE OF EMPLOYEE <i>E. Edward Hunt</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 16	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 8 APR 1965	OFFICIAL TITLE OF SUPERVISOR DO/Executive Officer	TYPED OR PRINTED NAME AND SIGNATURE <i>Thos. P. Schreyer</i> Thos. P. Schreyer
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL <i>I concur generally with the prep. I would however, be less inclined to recommend him for a COS job. He could do it but I do not consider that details of management or handling of people his forte -</i>		
DATE 5 April 1965	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, DO Division	TYPED OR PRINTED NAME AND SIGNATURE <i>C. Tracy Barnes</i> C. Tracy Barnes

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

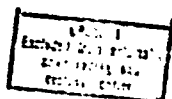
SUBJECT : Howard E. Hunt, GS-15, Employee
Number 013842, DOB: October 1918;
EUR/CA; Career; Service Designa-
tion: D.

PERIOD UNDER REVIEW : 22 June 1968 - 31 March 1969

MONTHS UNDER MY SUPERVISION: 7

OVER-ALL RATING : Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.
2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistence and vigor in helping get action underway.
3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.



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4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked closely with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

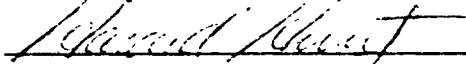
5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.


Edward Fenimore
Chief of Operations
European Division

I certify that I have seen the above fitness report.



Date: 4/5/69

- 2 -

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REVIEWING OFFICER'S COMMENTS:

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.



E.N. Korn-Patterson
Deputy Chief,
European Division

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(When Filled In)

SECURITY APPROVAL

DATE : 21 September 1966

YOUR
REFERENCE:

CASE NO. : 23500

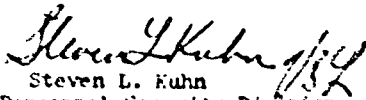
TO : Director of Personnel

ATTN : John Stocks

SUBJECT : HUNT, Everett Edward Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made for entrance on duty within 150 days, this approval becomes invalid.
3. As part of the entrance on duty processing:
 - A personal interview in the Office of Security must be arranged.
 - A personal interview is not necessary.
 - Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.
4. This is a Conversion Action. This is issued in advance of Form #577.

FOR THE DIRECTOR OF SECURITY:


Steven L. Kuhn
Chief, Personnel Security Division

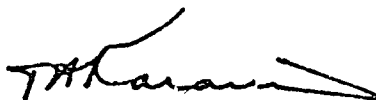
SECRET

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to Spain for a special undertaking in behalf of the DD/P. He left for Spain in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".



Thomas H. Karamessines
Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel
via C/EUR
1 - ADD/P

SECRET

SECRET

ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT AGENCY INSTRUCTIONS ON BACK OF ORIGINAL

TO COMPLETE THIS FORM—

1

FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
HUNT	S.	Howard	10/9/18	126 05 1970
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here if you WANT BOTH optional and regular insurance

(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you DO NOT WANT OPTIONAL but do want regular insurance

(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you WANT NEITHER regular nor optional insurance

(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)

E. Howard Hunt

DATE

Feb. 13, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

RECEIVED
PERSONNEL
FEB 19 10 29 AM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 14, 1968)
176-101

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

.....
Central Intelligence Agency
(Department or agency) (Bureau or division) (Place of employment)

I, Stuart E. Howard....., do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter. **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States, or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

13 Sept 66
(Date of entrance on duty) (Signature of appointee)

Subscribed and sworn before me this 13 day of September A. D. 1966.

at Langley
(City) (State)

[SEAL]

John R. Staker
(Signature of officer) (Title)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 13, or by a person designated to administer oaths under Section 206, Act of June 16, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)
 11120 River Road Potomac, Md. 20854

2. (A) DATE OF BIRTH: Oct. 9, 1918 (B) PLACE OF BIRTH (city and State or city and foreign country): Hamburg, N. Y.

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY: Dorothy L. Hunt (B) RELATIONSHIP: wife (C) STREET AND NUMBER, CITY AND STATE: 11120 River Rd. Potomac Md. (D) TELEPHONE NO.: 299 7366

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? YES NO
 If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(C) POSITION (C) TEMPORARY OR NOT (D) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAN. RFD. (Check one)	SIG. GLE (Check one)
		1.			
		2.			
		3.			
		1.			
		2.			
		3.			
		1.			
		2.			
		3.			

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
8. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes," give details in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?	<input type="checkbox"/>	<input type="checkbox"/>
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes," give details in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT: A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$25 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED. If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? If your answer is "Yes," give dates of and reasons for each debarment in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO.	ANSWER	ITEM NO.	ANSWER

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

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(When Filled In)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) EUST (First) E. (Middle) Howard		SOCIAL SECURITY NUMBER 126 05 4970	
1. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY Washington, D.C.		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE Potomac, Maryland		HOME LEAVE RESIDENCE	
2. MARITAL STATUS (Check one)			
SINGLE <input type="checkbox"/>		MARRIED <input checked="" type="checkbox"/>	
SEPARATED <input type="checkbox"/>		DIVORCED <input type="checkbox"/>	
WIDOWED <input type="checkbox"/>		ANNULLED <input type="checkbox"/>	
IF MARRIED, PLACE OF MARRIAGE Hillbrook, N.Y.		DATE OF MARRIAGE 6 Sept. '49	
IF DIVORCED, PLACE OF DIVORCE DECREE		DATE OF DECREE	
IF WIDOWED, PLACE SPOUSE DIED		DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			
3. MEMBERS OF FAMILY			
NAME OF SPOUSE Dorothy Louise Eust		ADDRESS (No., Street, City, Zone, State) 11120 River Rd. Potomac, Md	
TELEPHONE NO. 299 7366			
NAMES OF CHILDREN Lisa Kevin Howard S. David		ADDRESS " " " "	
SEX <input checked="" type="checkbox"/> F <input type="checkbox"/> M		DATE OF BIRTH 9 March '50 17 Nov. '52 22 March '54 1 Sept. '55	
NAME OF YOUR FATHER (Or male guardian)		ADDRESS deceased	
TELEPHONE NO.			
NAME OF YOUR MOTHER (Or female guardian)		ADDRESS " " " "	
TELEPHONE NO.			
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. wife			
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle) Mrs. E. Howard Eust		RELATIONSHIP wife	
HOME ADDRESS (No., Street, City, Zone, State) 11120 River Road Potomac 20854 Md.		HOME TELEPHONE NUMBER 299 7366	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION	
IS THIS INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) yes		YES	<input checked="" type="checkbox"/>
		NO	<input type="checkbox"/>
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) yes		YES	<input checked="" type="checkbox"/>
		NO	<input type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)		YES	<input checked="" type="checkbox"/>
		NO	<input type="checkbox"/>
The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain rating on Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties as described, if applicable.

Mr. Hunt is an officer with real ability, creative and managerial. During the period under review, he has done a great deal to tighten up the operation of his shop. The amorphous aspects of some projects he inherited have been eliminated or cut down to size. He has a pleasant and engaging personality and a broadly based background.

If there are any areas of weakness in his performance it is only because his potential is so considerable. For example, it is possible that the staff and planning aspects of his job could receive more attention although, admittedly, there is a large grey area between the responsibilities of the CA Staff and the responsibilities of DODS in this respect.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 2 March 1963	SIGNATURE OF EMPLOYEE <i>E. Edward Hunt</i>	
BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 13 APR 1963	OFFICIAL TITLE OF SUPERVISOR DODS/EXO	TYPED OR PRINTED NAME AND SIGNATURE <i>R. H. Cunningham</i> R. H. Cunningham
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 14 April 1963	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Staff	TYPED OR PRINTED NAME AND SIGNATURE <i>C. Ray Jones</i> C. Ray Jones

SECRET

SECRET

(When Filled In)

llc

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Note that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I BIOGRAPHIC AND POSITION DATA

EMP. SER. NO. 0135942	NAME (Last-First-Middle) Hunt, E. Howard	DATE OF BIRTH Oct 9, 1918
--------------------------	---	------------------------------

SECTION II EDUCATION

HIGH SCHOOL

LAST HIGH SCHOOL ATTENDED Hamilton High	ADDRESS (City, State, Country) Hamilton, N.Y. USA	YEARS ATTENDED (From-To) 1932 - 36	GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	--	---------------------------------------	---

COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/ QTR. HRS. (Specify)
	MAJOR	MINOR				
1. Brown U. Providence, P.I.	English		1936-40	A.B.	'40	
2.						

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

SECTION III MARITAL STATUS

1. PRESENT STATUS (Single, Married, <u>Married</u> , Divorced, Separated, Annulled, Remarried) SPECIFY:			
2. NAME OF SPOUSE (Last) (First) (Middle) (maiden)	Hunt Dorothy Louise WEITZEL		
3. DATE OF BIRTH 1 April 1910	4. PLACE OF BIRTH (City, State, Country) Dayton, Ohio, USA		
5. OCCUPATION Housewife	6. PRESENT EMPLOYER		
7. CITIZENSHIP USA	8. FORMER CITIZENSHIP(S) COUNTRY(IES)		9. DATE U.S. CITIZENSHIP ACQUIRED

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

	NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1.	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE				
2.	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE				

SECRET

(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RES- UENCE	TRAVEL	STUDY	SEE ASSES- SMENT
		Oct 23	3-10 AM '68				
SECTION VI TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (WPM) 2. SHORTHAND (WPM) 3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM							
<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDY TYPING <input type="checkbox"/> STENO TYPE <input type="checkbox"/> OTHER SPECIFY:							
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? 2. NEW CLASSIFICATION							
<input type="checkbox"/> YES <input type="checkbox"/> NO							
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS 4. IF DEFERRED, GIVE REASON							
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG							
<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD							
1. CURRENT RANK, GRADE OR RATE 2. DATE OF APPOINTMENT IN CURRENT RANK 3. EXPIRATION DATE OF CURRENT OBLIGATION							
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION ASSIGNMENT 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED							
MILITARY SCHOOLS COMPLETED (Excluded Active, Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL STUDY OR SPECIALIZATION DATE COMPLETED							
RESIDENT AGENCY SPONSORED							
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER ADDRESS (Number, Street, City, State, Country) DATE OF MEMBERSHIP							
FROM TO							
SECTION X REFERENCES							
DATE SIGNATURE OF EMPLOYEE							
Oct 7, 1968 <i>E. Howard Hunt</i>							

SECRET

SECRET

(When Filled In)

CERTIFICATION OF CLAIMED LANGUAGE PROFICIENCY

1. EMPLOYEE SERIAL NO. 013942 2. NAME (last-first-middle) HUNT, E. HOWARD 3. DATE OF BIRTH 2-7-1918

4. LIST BELOW THE FOREIGN LANGUAGE OR LANGUAGES IN WHICH YOU POSSESS ANY DEGREE OF COMPETENCE. INDICATE YOUR PROFICIENCY IN EACH OF THE FIVE SKILL FACTORS SHOWN (reading comprehension, writing ability, etc.) BY NOTING THE NUMBER MOST INDICATIVE OF YOUR LEVEL OF SKILL UNDER THE FACTOR BEING CONSIDERED.

IF YOUR PROFICIENCY RELATES TO A PARTICULAR DIALECT OF A MAJOR LANGUAGE, IDENTIFY THIS DIALECT BY NOTING IT IN PARENTHESES AFTER THE LANGUAGE ON THE SAME LINE.

IF YOU HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE, CHECK (X) BOX AT RIGHT AND LEAVE OTHER ITEMS BLANK. →

LEVEL OF SKILL (Slight) 1 2 3 4 5 (Native)	SKILL FACTORS					HOW ACQUIRED (Check (X) Box(es) which apply)			
	READING COMPREHENSION	WRITING ABILITY	PRONUNCIATION	CONVERSATIONAL ABILITY	ORAL COMPREHENSION	NATIVE OF COUNTRY	PROFESSED TESTIMONY	CONTACT (WITH PARENTS, ETC.)	ACADEMIC STUDY
	4	3	4	4	4		X	X	
	2	1	2	1	1		X		

5. IF YOU HAVE HAD EXPERIENCE AS A TRANSLATOR, INTERPRETER OR INSTRUCTOR, EXPLAIN AND SPECIFY IN WHICH LANGUAGE(S) YOU HAVE HAD SUCH EXPERIENCE.

Spanish - translator & interpreter

COPIED
 68-11111-113
 DATE 18 1957

CERTIFICATION

I CERTIFY that the information given above is true and accurate to the best of my knowledge and belief.

DATE 15 Oct 57 SIGNATURE E. Howard Hunt

SECRET

(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY

1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)		3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST									
		HUNT, E. EDWARD		A=ADD C=CHANGE D=DELETE	CODE	LAN. CODE	R	W	P	S	U	I/T	YEAR		
5. LANGUAGE DATA AFTER TEST				6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION					
LAN. CODE	R	W	P	S	U	I/T	YEAR	04/18/67		.10/09/18		15		EUR	
NOTICE TO PERSON TESTED															
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD) BL16</u> AND YOUR TEST SCORES ARE AS FOLLOWS: (NAME OF LANGUAGE)															
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS					
I		+		I		H		H		0 = ZERO 1 = INTERMEDIATE 2 = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE					
11. REMARKS										12. SIGNATURE					
CODED FOR COMBINATIONS										<i>Kea</i>					
														13. LD NUMBER	
				15670											

FORM 11-64 1273

OBSOLETE EDITIONS

(10-45)

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

1 - OP/QAB

SECRET

When Filled In

OFFICIAL USE ONLY (until filled in)

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

SECTION I

BIOGRAPHIC AND POSITION DATA

1 EMP SER NO. 613842	2 NAME HUNT E HOWARD	3 SEX	4 DATE OF BIRTH 10/09/18	5 SCHEDULE GRADE STEP GS-15-07
6 SS	7 POSITION TITLE CRS OFFICER	8 OFFICE OF ASSIGNMENT EUR	9 LOCATION WASH., D.C.	

SECTION II

AGENCY OVERSEAS SERVICE

AREA	TYPE TOUR	FROM	TO
MEXICO	PCS 64	50/12/51	53/04/01
EUROPEAN AREA	TDY 64	54/01/51	54/03/81
JAPAN	PCS 64	54/05/51	56/10/01
URUGUAY	PCS 44	57/01/51	60/05/02
ASIA AREA	TDY 43	63/01/57	63/01/59 ✓
WRE 170	TRY	64/2/12	66/10/03

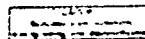
New PHS made Sept 67

OVERSEAS DATA
CGSEJ
DATE: 22 Jun 67 **INITIALS:** HHE

SECTION III

EDUCATION

DEGREE	MAJOR FIELD	COURSE	YEAR
BACH	ENGLISH LITERATURE	BROWN UNIV RI	40



WASHINGTON, D.C. 20505

6 May 1971

Mr. Howard Hunt
11120 River Road
Potomac, Maryland 20854

Dear Howard:

I have taken so long in answering your letter of April 5th because of the careful consideration given to your request by all concerned, particularly as we have not had this problem before.

I am sorry to tell you that our answer is in the negative, although we have taken every approach we can think of to comply with your wishes. Very simply, the problem is as follows:

The statute states--

At the time of retirement, any married participant may elect to receive a reduced annuity and to provide for an annuity payable to his wife or her husband, commencing on the date following such participant's death . . . (emphasis added).

Our regulation on the subject repeats the language of the statute above and in addition states--

A participant may not change his election under this provision

We considered the possibility of a waiver of the regulation but ran into another problem here. The act specifically provides that the Director may prescribe rules and regulations, but continues with the language that, "such rules and regulations shall become effective after approval by the chairman and ranking minority members of the Armed Services Committees of the House and Senate." The regulations as presently enacted were specifically reviewed by those Committees and approved in their present form.

Looking back into the legislative history of the act, we believe it is clear that the Committees desired our act to conform as closely as possible to Civil Service retirement, which definitely would not permit a change of election after retirement. There does not appear to have been any administrative error or misunderstanding at the time you retired and made your election, therefore, we have been unable to find any basis for making the change you request.

I think you know me well enough to agree that I like to stay as flexible in the law as I possibly can, but this seems to be one case where we are bound by specific provisions with no leeway to meet the requests of individual employees.

Sincerely,



Lawrence R. Houston
General Counsel

cc: Executive Director
DDS
Director of Personnel
OGC chrono
subject Retirement
OGC:LRH:jeb

HOWARD HUNT

11120 River Road,
Potomac, Maryland 20854.,
May 12, 1971.

The Honorable
Lawrence R. Houston,
General Counsel,
The Central Intelligence Agency,
Washington, D. C. 20505.

Dear Larry:

I thoroughly appreciate the thought and study you gave my problem, and while your findings are disappointing to me, I must regard them as definitive.

Reflecting on the statute, however, I find myself wondering whether such irrevocable limitation on personal choice is, first, in the public interest, and second in the interest of annuitants whose personal circumstances and civil status are subject to unanticipated change. This could be the subject of an interesting class action challenge in which, I imagine, more than a few annuitants would be eager to join.

All that aside, I'm most grateful for your efforts to help me once again.

Cordially,

Howard

SECRET

21 June 1972

MEMORANDUM FOR THE RECORD

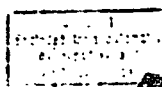
SUBJECT: Mr. E. Howard Hunt

1. On 21 June 1972 Mr. Robert Tegethoff, INR, Department of State, informed Mr. James Franklin, Chief, CCS/OCB, that the Department of State had received press inquiries in regard to Mr. E. Howard Hunt's service with the Department of State. INR had arranged for withholding any Department of State replies until CIA had been consulted. Mr. Hunt's cover record showed that he was in integrated Department of State status in Mexico from 1950 until 1953 and in Montevideo from 1957 until 1960. He also had nominal domestic Department of State cover from 1966 until he retired in 1970. Upon retirement, Mr. Hunt was "opened up" as a CIA employee back to EOD in November 1949.

2. In the absence of both Messrs. Osborn, Director of Security, and Geiss, Deputy Director, I discussed the State Department request with Mr. Leo Dunn, Acting Deputy Director of Security for Personnel Security. He concluded that everything considered, the Department should say that Mr. Hunt was assigned to the Department while in integrated status but, when pressed, not deny his basic CIA status. While trying to clear this line with the ADDP, Mr. Geiss called and at the end of our discussion, cautioned that any guidance to the Department of State in regard to Mr. Hunt should be cleared with the DCI.

3. I then talked to Mr. Sam Halpern, EA/DDP, to determine the whereabouts of Mr. Meyer. He recommended that I talk to both Messrs. Meyer and Colby who were in the OPFB think tank.

SECRET



SECRET

4. As I was leaving my office, Mr. Tegethoff called Mr. Franklin a second time to say that in the evening of 20 June 1972, Mr. John King, Department of State's Press Office, and Mr. John Unumb of CIA had discussed press inquiries in regard to Mr. Hunt which were made to the Department of State in the afternoon of 20 June 1972. These inquiries had particular reference to Mr. Hunt's biography in WHO'S WHO IN AMERICA showing him as Department of State employee since 1968 and listing his office at the Department of State. Messrs. Unumb and King agreed the press should be informed that he was not on the State Department's payroll during the period. Mr. Unumb confirmed this arrangement when I called him and said that he had added that Mr. Hunt retired in good standing from CIA in April 1970. I also cleared the proposed guidance with Mr. Ted Shackley, Chief, WH Division.

5. I then saw Messrs. Colby and Meyer, outlined the Department of State's request and our proposed reply that Mr. Hunt, during his integrated service in Mexico and Montevideo, was assigned to the Department of State. This information would not be volunteered by the Department of State, and Mr. Hunt's basic status as a CIA employee would not be denied if raised by members of the press. Messrs. Colby and Meyer agreed that this was the only feasible line to take. I then asked Mr. Colby whether additional clearance from the DCI was required. He replied that it was not, and that he would brief the DCI.

6. I informed Mr. Geiss of Messrs. Colby's and Meyer's decision and then called Mr. Tegethoff and provided him the agreed guidance.

/s/ ERICH W. ISENSTEAD
ERICH W. ISENSTEAD
Chief, Central Cover Staff

Orig - C/OCE/CCS; File 1088 (Hunt)
EA/DDP; ADOP
DD/Security
Mr. Unumb, Deputy Asst to the DCI

Chrono

-2-

SECRET

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL
<input type="checkbox"/>		<input type="checkbox"/>	SECRET
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	Chief, TRB		
2			
3			
4			
5			
6			
<input type="checkbox"/>	ACTION	<input type="checkbox"/>	DIRECT REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISPATCH
<input type="checkbox"/>	COMMENT	<input type="checkbox"/>	FILE
<input type="checkbox"/>	CONCURRENCE	<input type="checkbox"/>	INFORMATION
<input type="checkbox"/>		<input type="checkbox"/>	PREPARE REPLY
<input type="checkbox"/>		<input type="checkbox"/>	RECOMMENDATION
<input type="checkbox"/>		<input type="checkbox"/>	RETURN
<input type="checkbox"/>		<input type="checkbox"/>	SIGNATURE
Remarks:			
<p>Janet: Please file the attached document in the Official Personnel Folder on E. Howard Hunt. The Hunt OPF was returned to you for retention on 6 May 1976. Thanks.</p>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
Bonnie, OD/Pers			21 May 76
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL
<input type="checkbox"/>		<input type="checkbox"/>	SECRET

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
UNCLASSIFIED	CONFIDENTIAL	SECRET	
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	DD/Security, 4E-60	6/22	[Handwritten initials]
2	D/O	22 JUN 1972	[Handwritten initials]
3			
4	ADD/PS	4/26/72	[Handwritten initials]
5	File		
6			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:			
E. Howard Hunt			
BY HAND			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO			DATE
C/CS (9164)			21/72
UNCLASSIFIED	CONFIDENTIAL	SECRET	

SECRET

REQUEST FOR PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle) HUNT, E. HOWARD			3. Date Of Birth Mo. Da. Yr. 10 09 18		4. Ver. Prof. Code No. 0 S Pr-1 10 Pr-2 1 M 1		5. Sex M		6. CS. EOD Mo. Da. Yr.		
7. SCB Mo. Da. Yr.		8. CSC Point Yes-1 Code No-2		9. CSC Or Other Legal Authority		10. Acct. All. Gr. Mo. Da. Yr.		11. FEGLI Yes-1 Code No-2		12. ICD Mo. Da. Yr.		13. <i>Free. Etc.</i> Yes-1 Code No-2	

5A

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION			Code	15. Location Of Official Station MONTEVIDEO, URUGUAY			Station Code				
16. Dept. Field Dept. Code USIid - Frgn. - 5		17. Position Title ATTACHE POL OFC 1ST SEC CONSUL CHIEF OF STATION			18. Position No. BAF-162		19. Serv. 20. Occup. Series PSR 05 0136.01				
21. Grade & Step 3 15 5		22. Salary Or Rate 13,640 13,970		23. SD D		24. Date Of Grade Mo. Da. Yr.		25. PSI Due Mo. Da. Yr.		26. Appropriation Number 0135 5870 3000	

ACTION

27. Nature Of Action CONVERSION FROM PSR STATUS		Code	28. Eff. Date Mo. Da. Yr. 06 24 60		29. Type Of Employee REGULAR		Code	30. Separation Date	
---	--	------	---	--	--	--	------	---------------------	--

PRESENT ASSIGNMENT

31. Organizational Designations DDP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION			Code	32. Location Of Official Station MONTEVIDEO, URUGUAY			Station Code 76091				
33. Dept. Field Dept. Code USIid - Frgn. - 5		34. Position Title CHIEF OF STATION			35. Position No. BAF-162		36. Serv. 37. Occup. Series 05 0136.01				
38. Grade & Step 15 5		39. Salary Or Rate 13,970		40. SD D		41. Date Of Grade Mo. Da. Yr. 08 16 53		42. PSI Due Mo. Da. Yr. 05 01		43. Appropriation Number 0135 5870 3000	

SOURCE OF REQUEST

A. Requested By (Signature And Title) F. E. BOWERS WH/PERSONNEL OFFICER		C. Request Approved By (Signature And Title)	
B. For Additional Information Call (Name & Telephone Ext.) JOHN WASHINZO X8242			

CLEARANCES

A. Career Board		D. Placement	
B. Pos. Control		E. Approved By	
C. Classification		F. Approved By	

Remarks **Subject resigned from [redacted] effective COB 24 June 1960.**

SECRET

11 J. W. SKU

Attachment to Fitness Report of Howard Hunt 31 March 63 - 31 March 64

Section C (Continued)

Special mention should be made of Subject's objectivity and integrity in carrying out his responsibilities. These were best demonstrated when he promptly and swiftly terminated a large and effective radio broadcasting project, to establish which he and his subordinates had labored hard, immediately upon belated discovery that insuperable, practical obstacles precluded realization of the project's theoretical potential.

Subject's professional background has attuned his constant attention to FI operational opportunities arising in the course of his current CA activities, a practice consistent with his habit of seeking maximum benefit for every dollar spent in time, effort or cash.